

College – Youth Symphony
CONCERTO COMPETITION APPLICATION FORM

I would like to enter: V.I.P. Competition
 Youth Symphony Competition
 Both Competitions

Name: _____

Address: _____

Telephone: _____

E-mail Address: _____

Birthday: _____

Instrument _____

School/Grade: _____

Title of piece (including key, opus number, movement and composer) you plan to perform: _____

Accompanist's Name: _____

Accompanist's Phone Number: _____

Teacher Recommendation:

This student is highly qualified and well prepared to perform publicly with the HVP and/or the CYS.

Signature _____

_____ Date

Full Name (please print): _____

Phone Number: _____

Submit this application and \$15 application fee, payable to SUNY-New Paltz, to (must be postmarked no later than October 26, 2007):

V.I.P./College-Youth Symphony Competition
Attention: Ms. Beatrix Davies
SUNY-New Paltz
Music Department
1 Hawk Drive, Room CHG 100
New Paltz, NY 12561