



APPLICATION FORM

APPLY ONLINE at www.claremontclarinetfestival.com
~ or ~ fill out and send this application by mail to:
Director, Claremont Clarinet Festival
c/o 806 Superba Avenue, Venice, Ca 90291
\$50 Deposit is required with your application
(pay online or by check payable to "Margaret Thornhill")

Name _____ Date _____
Street Address _____ City _____
State or Province _____ Postal Code _____
Country _____ Home Phone _____
Mobile Phone _____ Email _____
Name and phone number of emergency contact _____
 I am 18 years or older

Primary clarinet I wished to be coached on (soprano, bass, basset horn, etc.) _____
In clarinet choir, I prefer to play _____
Clarinet study information: years studied, teachers' names, dates and representative works performed:

Other musical education and experience:

Current performance activities:

Occupation: _____
List two or three works (clarinet alone, clarinet and piano) by title and composer that you have studied or would be ready to perform at the Festival. _____

- I want to participate in the Festival
- I am requesting dorm accommodation
- Dorm room extra night (Saturday, 6/18/16)
- I understand that smoking and alcohol are not permitted in the dormitory

Dietary restrictions _____

Meals are available to offcampus participants. The cafeteria is pay as you go, with vegan and vegetarian options available.

- I am a commuter and wish to take meals on campus

Other concerns or questions: _____



All new applicants are required to submit a CD, DVD, Youtube,
or mp3 with a representative sample of your own playing.

