

GREENWOOD MUSIC CAMP

Founded 1933

APPLICATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____

_____ PHONE (_____) _____

City, State, Zip

FAX (_____) _____ EMAIL _____

NAME OF PARENT OR GUARDIAN _____

ADDRESS IF DIFFERENT FROM ABOVE _____

INSTRUMENT _____ YEARS STUDIED _____

CURRENT TEACHER _____ PHONE _____

PIECES, ETUDES STUDIED IN THE PAST YEAR _____

SECOND INSTRUMENT, IF ANY _____

PLEASE DESCRIBE ANY CHAMBER MUSIC OR ORCHESTRAL EXPERIENCES YOU HAVE HAD

OTHER INTERESTS _____

(use reverse side if necessary)

CHECK HERE IF YOU INTEND TO APPLY FOR SCHOLARSHIP AID.

PLEASE RETURN TO:

Deborah Sherr, Director
Greenwood Music Camp
P. O. Box 1045
Easthampton, MA 01027

Signature of Parent or Guardian