

June 1-5, 2020 at William Carey University (9:00 am - 4:00 pm) Application Form

Visit www.festivalsouthacademy.com/workshop for more information

APPLICANT INFORMATION

First Name:	L	Last Name:		Instrument:	
Date of Birth:/_	/ Age on Jun		ıne 5, 2020:	e 5, 2020: Gender:	
Current Mailing Address:					
City:	State/Province:		_ Postal Code/Zip:	Country:	
Phone:	Cell:		Email:		
School You Attend:		Gra	ade/College Year comple	eted in June:	
Are you a member of an or	chestra(s)? If so	o, which one(s)?_			
PARENT/GUARDIAN IN	NFORMATION	I			
Parent/Guardian Name:					
Address:					
City:	State/Province:		Postal Code/Zip:	Country:	
Phone:	Cell:		Email:		
Work Phone:					
MUSICAL STUDIES					
Instrument:			Number of years playing:		
Name of Teacher:					
Phone:	Fax:		Email:		
CHAMBER MUSIC PEE	ERS: (Write the		·	ke to include in	
Name		Instrument	Name		Instrument
Name		Instrument	Name		Instrument
APPLICATION FEE All applicants are required	to pay the \$50 a	application fee. Tl	nis fee is non-refundable	Э.	
Enclosed is check number memo line.)		pa	yable to SMYO. (Please	add "Orchestral	Academy" on the
Total Costs: (including	the \$50 applic	ation fee): \$250	. Any remaining balar	nce is due on M	ay 29, 2020.
I certify that the inform	nation on this	application fo	rm is accurate to th	e best of my k	nowledge.
Name of Applicant		Date	Signature of Parer	nt/Guardian	Date

RETURN TO: FestivalSouth Orchestral Academy Attn: Jorge Gonzalez WCU Box 14 710 William Carey Parkway Hattiesburg, MS 39401