International Chamber Music Summer School
21-28 August 2010
Application Form

Title: ___ (Dr/Mr/Mrs/Miss/Ms) First Name: _____

Surname: _____

Address: _____

_____

_____

Postcode: _____ Country: _____

Home Telephone: _____

Mobile: _____

Email: _____

- **Main instrument:** _____
(NB you must be at least Grade 8 or equivalent in this instrument)
- **Years played:** ____
- **Other instrument(s) you would like to be tutored on, including an indication of standard** (please note, however, that tutored sessions with any instrument mentioned here cannot be guaranteed):

_____

_____

- Do you teach professionally? Yes / No
- Do you play with a regular group or orchestra? Yes / No
- On a scale of 1-10 where 1 is 'no experience' and 10 is 'play weekly', where would you place your level of chamber music experience? 1 2 3 4 5 6 7 8 9 10 (please circle)
- On a scale of 1-10 where 1 is 'limited' and 10 is 'extremely competent', where would you place your technical ability? 1 2 3 4 5 6 7 8 9 10 (please circle)
- If you are a violinist, do you generally play: 1st violin ☐ 2nd violin ☐
- How many tutored sessions would you *prefer* to have? 4 / 5 / 6 (please circle)
(We will endeavour to place you in the number of sessions requested but regret that this cannot be guaranteed)
- Are there any works you would particularly like to play? Please indicate for all works listed whether you have the sheet music and/or score. (Pieces listed here can help shape the timetable & also give an indication of your particular likes/dislikes)

_____

_____

_____

_____

- Are there any works you would particularly like to avoid?

_____

- Do you have any special dietary requirements? _____
- Do you have any illness or disability which you would like us to be aware of?

_____

- If places for your instrument are full, would you like your name to be held on a waiting list? Yes / No (please circle)

I wish to apply for the International Chamber Music Summer School at Tonbridge in 2010. I confirm that I am over 18 years of age and agree to my details being held on record for the purposes of the course. I enclose a cheque for £100 which I understand will only be banked if I am accepted on the course.

Signed: _____ Date: _____

Please send completed form and cheque, made payable to ICMSS, to:
Gill Bartholomew, Coldharbour Oast, Plummer Lane, Tenterden, Kent, TN30 6TU. Closing date for applications: 31st December 2009.