APPLICATION FORM

(Please duplicate form for additional copies)

Return this form, your CD recording and non-refundable processing fee of **$50** (U.S.) payable to:

Jefferson Symphony
c/o Young Artists Competition
PO Box 546
Golden, CO 80402-0546.

METHOD OF PAYMENT

☐ Check Enclosed **or** ☐ MasterCard ☐ VISA

Credit Card Number, if paying by credit card — please include all digits.

Month Year

Expiration Date

Print exact name appearing on credit card

Signature _____

Please Print or Type (Mo/Day/Yr)

APPLICANT NAME _____ BIRTH DATE _____

ADDRESS _____ BIRTHPLACE _____

CITY _____ STATE ___ ZIP _____ EMAIL _____

PHONE ONE _____ /_____ PHONE TWO _____/_____

OTHER CONTACT INFORMATION _____
(fax, pager #, family email, etc.)

YOUR WEB SITE (if any) _____

HIGH SCHOOL _____
(Graduated from or attending) **(Graduation year)**

UNIVERSITY/COLLEGE _____
(Graduated from or attending) **(Graduation year)**

BACKGROUND—Please attach an autobiography, emphasizing your musical background. Include *CURRENT EDUCATIONAL STATUS* (year in school or university/college, name of institution and major, if declared), *MUSIC EDUCATION/TEACHERS*, *PERFORMANCE HISTORY*, *AWARDS* and *HOBBIES* or *CURRENT INTERESTS*. Résumés welcomed.

INSTRUMENT _____

RECORDED PIECE (TITLE OR NO.) _____

KEY _____ OPUS _____ COMPOSER _____

INSTRUCTOR'S NAME (or School Music Director): _____

ADDRESS _____ PHONE _____/ _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

_____
APPLICANT SIGNATURE (Applicant's signature affirms compliance with Competition Rules.)