



KU Stringworks Registration Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Phone Number (with area code): _____

Name of Emergency Contact: _____ Relationship To Student: _____

Emergency Contact Phone Number (with area code): _____

Instrument: _____ Number of years of study: _____ Age: _____

Name of private teacher: _____

Name of school: _____

Name of school orchestra director: _____

List of recent performances and ensembles in which you have played (or attach résumé):

This section should be completed by the participant's orchestra director or private instructor.

The repertoire for the orchestral component of KU Stringworks is *Danse Macabre* by Camille Saint-Saëns. We request your recommendation and assistance in helping students prepare music for the orchestra rehearsals and final side-by-side concert with University of Kansas Symphony Orchestra.

I recommend _____ for participation in the
KU Stringworks program.

Signature _____ Date _____

Students who would like to participate in KU Stringworks should complete this form and send it with a fee of \$35.00 (includes lunch on Friday, October 23rd) to: KU Stringworks, University of Kansas School of Music, 1530 Naismith Drive, Lawrence, KS 66045. Registration forms must be postmarked no later than October 15, 2009. Please make checks payable to the University of Kansas. For questions regarding this event, please contact Tami Lee Hughes at (785) 864-9718 or tclee3@ku.edu.