

**APPLICATION FORM: MADNESS PROGRAMS 2010-2011 SEASON**  
Sight-reading & Repertoire Exploration Workshops

STUDENT NAME(S):	
Instrument(s):	
Age:	Date of Birth:
Address:	
Phone Number:	
Email address(es)*:	

*\*We depend on e-mail as our main form of communication. If you do not use e-mail regularly, at least once per week, please let us know! Please include all relevant family email addresses.*

**STUDENT MUSICAL BACKGROUND**

Please share your experience level:	
What are your most recent solo pieces?	
Etudes?	
Other ensemble experience, recent ensemble repertoire?	
Please assess your own sight-reading level:	
School name/home-school?	
Do you have an ensemble at your school?	Please describe:
How many years of private study?	

Private teacher information:

TEACHER'S NAME:	PHONE NUMBER:
Mailing address:	
E-mail address:	

**PARENTS**

PARENT/GUARDIAN	PARENT/GUARDIAN
Name:	Name:
Profession:	Profession:
Employer:	Employer:
Employer matching program for contributions? _____	Employer matching program for contributions? _____

<b><i>ULTIMATE CHAMBER MUSIC MADNESS</i></b>	
1st term Ultimate Madness:	\$290.00 <input type="checkbox"/> 2:00-5:00pm Sept.20, Oct.11, Nov.8, Dec.6 2009
2nd term Ultimate Madness:	\$290.00 <input type="checkbox"/> 2:00-5:00pm Jan. 10, Jan. 31, March 7, April 25 2010
<b><i>BEYOND CHAMBER MUSIC MADNESS</i></b>	
1st term Beyond Chamber Madness:	\$290.00 <input type="checkbox"/> 2:00-5:00pm Sept.27, Oct.18, Nov. 1, Nov.15 2009
2nd term Beyond Chamber Madness:	\$290.00 <input type="checkbox"/> 2:00-5:00pm Jan. 17, Feb. 28, March 21, April 11
<b><i>MINI CHAMBER MUSIC MADNESS</i></b>	
1st term Mini Madness:	\$290.00 <input type="checkbox"/> 2:00-5:00pm Sept. 27, Oct. 18, Nov. 1, Nov. 15 2009
2nd term Mini Madness:	\$290.00 <input type="checkbox"/> 2:00-5:00pm Jan. 17, Feb. 28, March 21, April 11

APPLICATION/REGISTRATION FEE (per year)	<u>\$35.00</u>
Tuition: It is only necessary to pay for one semester at a time.	\$ _____
Optional: tax-deductible donation You may include in the same check as tuition. <input type="checkbox"/> We would like to be acknowledged in donor lists as: _____	\$ _____
Or: <input type="checkbox"/> Anonymous	
<b>Total:</b>	<b>\$ _____</b>

**Volunteering:** We really appreciate any and all help. Please check all that apply

**Help with the Madness workshops:**

- Snack provider
- Site manager for one semester of my child's workshops (Come 30 minutes early to help set up, and help break down, perhaps help set out snacks)
- Snack coordinator (communicate with families to arrange who brings what when)

**Other ways to assist and participate with CMM**

Auction -CMM holds a spring fundraising event. Would you be willing to attend an informational evening?  
yes\_\_\_ no\_\_\_

Board of Trustees: Our board is group of friendly, dedicated people who meet monthly; share responsibilities in helping provide support to CMM. Would you be willing to consider serving in such a capacity?

What other skills or expertise might you consider sharing? We hold public concerts, and can use help with receptions, set-up/ushering, photography, etc.

Click here to learn about [The Madness Philosophy](#)

Click here to learn about [Madness Information](#)

- We understand that credit is not provided for missed workshops
- We have read and shared with the student the "Madness Philosophy" statement.

Please make checks payable to **Chamber Music Madness** and mail with the application to:  
Chamber Music Madness  
PO Box 27164  
Seattle, WA 98165