

APPLICATION DEADLINE IS MAY 15, 2019. Please complete both pages of the form. You can email, fax, or mail. (*See second page for contact information.*)

PERSONAL INFORMATION				
LAST NAME FIF	FIRST NAME		MIDDLE NAME	
STREET ADDRESS				
СІТҮ	STATE		ZIP CODE	
COUNTRY EMAIL ADDRESS				
TELEPHONE (LANDLINE)	TELEPHONE (cell)		
AGE (AS OF AUGUST 1, 2019) NO UNACCOMPANIED CHILDREN UNDER 19 YEARS		H (MONTH/DAY/YEAR)	Male Female	
PROGRAM SELECTION				
Piano Violin Viola Cello Woodwinds Other	Double	Bass Voice		
PROGRAMS				
ALL PRICES LISTED ARE IN (\$) US DOLLARS.	1 Master Class)	Festival Orchest	stra (invitation/audition) rogram (Additional fee \$300)	
INSTRUMENT	YEARS OF ST	UDY		
NAME OF CURRENT TEACHER	TEACHER'S A	TEACHER'S AFFILIATION/POSITION		
TEACHER'S TELEPHONE NUMBER	TEACHER'S E	TEACHER'S EMAIL		
CURRENT MUSIC SCHOOL				

Application continues on page 2

SEMINAR PROGRAM & CONCERT SERIES	
Have you previously applied or attended SMF?	No Yes If yes, years applied/attended
How did you hear about SMF?	Mailing Website Other
List other principal teachers and dates of study (o	or attach resume):
NAME	DATES
NAME	DATES
List other festivals attended and dates of attendar	ice:
NAME	DATES
NAME	DATES
List Musical Awards/Accomplishments (include o	dates when applicable)

ADDITIONAL APPLICATION MATERIALS REQUIRED
Letter of Recommendation (if not referred by current faculty member):
Audition Video: An audition video must be uploaded or emailed with your application.
 Forms: The following forms must be completed and signed for your application to be complete. I. Liability Release 2. Performance Waiver 3. Medical Release 4. Code of Conduct 5. Refund/Cancellation Policy
APPLICATION FEE
\$100 NON REFUNDABLE application fee prior to May 1, 2019. After May 1, the application fee will be \$150 NON REFUNDABLE.

If you are unable to pay the application fee online, please complete the bottom section and send to us: by email info@summitmusicfestival.org by mail Summit Music Festival Inc., 270 Washington Ave., Pleasantville, NY 10570 Visa Mastercard Discover CREDIT CARD NUMBER EXPIRATION DATE CARDHOLDER SIGNATURE POSTAL (ZIP) CODE OF CREDIT CARD BILLING ADDRESS 3 DIGIT SECURITY CODE