

Bennington Chamber Music Conference
2019 APPLICATION FORM
[Fillable]

Please see the program description and fee schedule in the 2019 brochure or at www.cmceast.org before filling out your application.

Instructions: Download this form, use Adobe Acrobat Reader or Apple Preview to fill in the data on your computer, and email it to susieikeda@cmceast.org.

At the same time, mail your deposit payment (payable to “Chamber Music Conference” and referencing the applicant’s name) covering a deposit of \$150 per applicant per week and \$75 per family member per week to:

Susie Ikeda
Bennington Chamber Music Conference
P.O. Box 130
Arlington, MA 02476

Both the completed application form and the deposit payment must be received for an application to be processed. March 1 is the application deadline to receive first priority consideration for space in the program.

All payments must be made by a check drawn on a U.S. bank, or by an international money order, payable to **Chamber Music Conference**. After you are accepted, the deposit is applied to your fees, and the balance will be due May 15. The deposit will be fully refunded if you are not accepted, or if you withdraw before you have been accepted. Otherwise the deposit is nonrefundable. If you withdraw after May 15, your payment will be partially refunded (less \$500 per week, including deposit, for a full participant; less \$250 per week, including deposit, for an auditor). If a family member is unable to come, the corresponding payment will be applied to the participant’s fee.

Name _____

Address _____

City _____ State _____ Zip _____

Preferred phone number: _____ Cell Home Other

Cell phone number (if different from above): _____

Email _____

Is this a new address, phone number, or email address? Yes No

Instrument(s) _____

Occupation _____

Emergency contact _____

NAME

PHONE

Preferred Week(s) – Check a category (coached Participant or uncoached Auditor) for each week you wish to attend:

Week 1	Week 2	Week 3	Week 4
July 14-21	July 21-28	July 28-August 4	August 4-11
<input type="checkbox"/> Participant	<input type="checkbox"/> Participant	<input type="checkbox"/> Participant	<input type="checkbox"/> Participant
	<input type="checkbox"/> Auditor	<input type="checkbox"/> Auditor	<input type="checkbox"/> Auditor

If you have flexibility, please indicate alternative weeks you can attend:

2nd choice _____ 3rd choice _____ 4th choice _____

Notes: _____

Total deposit: \$ _____ Tax-deductible contribution: \$ _____

Check number: _____ **Total check amount:** \$ _____

Optional Programs (Weeks 2, 3, and 4 only):

Coaching and performance of a Composers’ Forum work:

Yes Neutral No

Accommodations – Please indicate accommodations needed:

Single Double with _____

Family (include names and ages of children) _____

I am interested in child care.

New applicants – Are you applying for the first time? Yes No

If so, please attach a separate document describing your musical experience and providing the names and contact information of two musicians familiar with your playing.