

# LUZERNE MUSIC CENTER APPLICATION FORM SUMMER 2012

Date \_\_\_\_\_



LUZERNE  
MUSIC CENTER  
www.luzernemusic.org

*Building Young Artists and Audiences of the Future*

A non-refundable application fee of \$50.00 is due with this application. A deposit of \$250.00 (non-refundable) is due upon acceptance of applicant, and balance of fee is due prior to registration of camp. Please return this form with \$50.00 check payable to Luzerne Music Center and mail to: William Schulman - Registrar, Luzerne Music Center, 899 S. College Mall Road #353, Bloomington, IN 47401 (Winter address). After June 15, send all correspondence to: PO Box 39, Lake Luzerne, NY 12846. Scholarship applications are available on our web site. MasterCard and Visa accepted. A YouTube Video (private setting), MP4 Video or live audition is required.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Parents Email Address: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Applying to (check one)

- Junior** four-week session (6/24/12-7/22/12)  
 **Junior A** - two-week session (6/24/12 - 7/8/12)  
 **Junior B** - two-week session (7/8/12 - 7/20/12)  
 **Senior** four-week session (7/23/12 - 8/19/12)

Grade in School as of 9/2011: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Instrument (Primary): \_\_\_\_\_ Years of Study: \_\_\_\_\_

Instrument (Secondary): \_\_\_\_\_ Years of Study: \_\_\_\_\_

Primary Teacher's Name, Address, Phone and Email: \_\_\_\_\_  
\_\_\_\_\_

Secondary Teacher's Name, Address, Phone and Email: \_\_\_\_\_  
\_\_\_\_\_

Name and Address of school currently attending: \_\_\_\_\_

Solo and ensemble music recently performed: \_\_\_\_\_  
\_\_\_\_\_

Please list school orchestras and/or musical ensembles with who you are currently or have been a member:  
\_\_\_\_\_

Orchestra/Wind Ensemble literature performed during 2011-2012: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Credit Card information needed only if making payment by credit card.

*Luzerne Music Center nanerwork will be e-mailed to you unless specifically requested.*