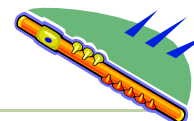


# Summer Flute Ensemble Application



2010 Summer Flute Ensemble Initiative

[www.ellencjohnson.net/summer\\_flute\\_ensemble\\_initiative](http://www.ellencjohnson.net/summer_flute_ensemble_initiative)

## Student Information

Student Name	
Parent Name(s)	
Street Address	
City ST ZIP Code	
Student Age, Grade and School	
Preferred Phone Number(s)	
Parent & Student E-Mail Addresses	

## Location Registration

Select ONE Location: Students can only participate at ONE location and MUST be available for all rehearsals and the performance at their selected location. *Be sure to indicate your choice on the check as well.*

\_\_\_ Weekday Morning Rehearsals & One Saturday Evening Performance. Location: Hope Chapel – 6701 Arroyo Seco Austin, TX 78757 (Near 2222 between Lamar and Burnet)

Dates: June 14, 16, 17 (M,W,Th): 9:30AM – 11:30AM

June 21, 23, 24 (M,W,Th): 9:30AM – 11:30AM

June 26 (Sat.): 6:30PM (Call) for the 7:00PM RECITAL in the Sanctuary

To enroll at this location the check must be made payable to ELLEN C. JOHNSON.

\_\_\_ Weekday Evening Rehearsals & Performance. Location: Concordia University - 11400 Concordia University Drive Austin, TX 78726 (Near 620 between 2222 and Boulder Ln.)

Dates: June 14, 16, 17 (M,W,Th) 6:00PM – 8:00PM Rehearsals in Building C

June 21, 22, 23 (M,T,W) 6:00PM – 8:00PM Rehearsals in Building C

June 24 (Th) 6:00PM (Call) for the 7:00PM RECITAL in the Chapel in Building A

To enroll at this location the check must be made payable to CONCORDIA UNIVERSITY.

## Music Background

List the number of years the applicant has played flute, current/former flute instructors, and any music awards/recognition received. Also – if the applicant owns a piccolo please make a note of that as well.

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### Previous Flute Ensemble Experience (if any)

Please list any works performed previously for flute ensemble and any special requests to be placed in ensembles with specific individuals. Every effort will be made to place friends with friends so long as both applicants request one another. (Note: Special requests are not guarantees.)

### Person to Notify in Case of Emergency

Name	
Preferred Phone Number(s)	
E-Mail Address	

### Parent Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

### Tuition: Summer 2010

**Application and payment must be received by June 4<sup>th</sup>.** If space fills before this deadline, completed applications will be accepted in the order they were received with payment. Cancellations can be made for a full refund by June 4<sup>th</sup>. No refunds will be made for cancellations after June 4<sup>th</sup>.

**Total Tuition per Student: \$90.**

Payment MUST reflect the location in which the student is enrolling.

**Make checks payable to ELLEN C. JOHNSON for the Hope Chapel location.**

**Make checks payable to CONCORDIA UNIVERSITY for the Concordia University location.**

**Mail Completed Registration & Payment To:**

ATTN: Dr. Ellen C. Johnson  
Summer Flute Ensemble Initiative - Concordia University  
11400 Concordia University Drive  
Austin, TX 78726