

Complete this form, attach your \$60 cheque payable to Kitchener-Waterloo Symphony and submit it to the Youth Orchestra Program Coordinator by mail or in person.

KWS Youth Orchestra Program, Conrad Centre for the Performing Arts, 36 King St W Kitchener N2G 1A3  
For info email [bkaplanek@kwsymphony.on.ca](mailto:bkaplanek@kwsymphony.on.ca) or call 519.745.4711 ext 390

***Bremmen String Quartet is the RESIDENT QUARTET for the KWS Chamber Music Program***

***We strongly encourage participation in the KWS YOP Chamber Music Program:***

- 1) *Each ensemble will be coached by an experienced, professional musician*
- 2) *Chamber ensembles build on the leadership, teamwork, and social skills learned in orchestra*
- 3) *Provides one-on-one attention to build a range of musical skills, communication skills and responsibility*
- 4) *Chamber music repertoire is fun and challenging and expands performance opportunities*
- 5) *Ensembles can include non-YOP musicians (e.g., piano)*

***How the CMP works:***

- 1) *A \$60 cheque to the KWS provides 4, one-hour coaching sessions (additional sessions are \$15/hr)*
- 2) *Formal coaching sessions are encouraged to take place 2 times each month*
- 3) *Ensembles are encouraged to arrange additional practices in between coachings*
- 4) *Convenient rehearsal times and locations will be arranged through the coach*
- 5) *Performance opportunities will include: Chamber Music Program main Concert TBA, Centre in the Square lobby performances prior to KWS concerts and Community outreach performances*

NAME OF APPLICANT:		YOP member YES <input type="checkbox"/> NO <input type="checkbox"/>	
INSTRUMENT:	AGE:	BIRTHDATE (DD/MM/YY):	
<b>CONTACT INFORMATION</b>			
ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
TELEPHONE (HOME):	TELEPHONE (CELL):	TELEPHONE (WORK):	
EMAIL ADDRESS (FREQUENTLY CHECKED):			
<b>MUSIC EDUCATION RELATED INFORMATION</b>			
DO YOU HAVE A PRIVATE (INSTRUMENT) TEACHER?	IF YES, PLEASE GIVE NAME OF TEACHER:	TEACHER'S PHONE NUMBER:	
YES <input type="checkbox"/> NO <input type="checkbox"/>			
NUMBER OF YEARS PLAYING INSTRUMENT:	HAVE YOU ATTENDED ANY MUSIC SCHOOL OR PASSED ANY MUSIC EXAMS? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, PLEASE LIST:	
ARE YOU CURRENTLY A MEMBER OF ANY CHAMBER MUSIC GROUP?	IF YES, PLEASE LIST NAMES OF OTHER PLAYERS and THEIR INSTRUMENTS:		
YES <input type="checkbox"/> NO <input type="checkbox"/>			
WHAT SCHOOL WILL YOU ATTEND IN THE FALL?		GRADE / YEAR:	
SIGNATURE OF APPLICANT:		DATE (DD/MM/YY):	