

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, 101 Queen Street North, Kitchener, Ontario, N2H 6P7

For info email 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 coaching sessions
- 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):	
Contact Information			
Address:			
City:	Province:	Postal Code:	
Telephone (Home):	Telephone (Cell):	Telephone (Work):	
Email Address (Frequently Checked):			
Music Education Related Information			
Do You Have A Private (Instrument) Teacher? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Please Give Name of Teacher:	
		Teacher's Phone Number:	
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? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Please List Names of Other Players and their Instruments:	
What School will you Attend in The Fall?			Grade / Year:
Signature of Applicant:			Date (DD/MM/YY):