

**The 17th Annual Summer Music Festival at Walnut Hill
August 1 - 22, 2008**

STUDENT DATA FILE

Please fill this form in either Chinese or English and return it with the **deposit/tuition (online payment available)** and **1 recent photo (E photo acceptable)**, to:

Dr. Catherine Tan Chan, Foundation for Chinese Performing Arts
3 Partridge Lane, Lincoln, MA 01773, USA, Tel: 781-259-8195, Fax: 781-259-9147
Email: Foundation@ChinesePerformingArts.net, Website: www.ChinesePerformingArts.net

A: Personal Information

1. Name (Chinese) _____ (English) _____ M/F: _____

First Name that you prefer to be called: _____

Your email _____

2. Date of Birth: _____ Age: _____

3. Name(s) of Parent(s): _____

Mailing Address: _____

Tel: _____ Fax: _____ Email: _____

4. (For students from outside of United States):

Passport No. _____ Expiration Date: _____

B: Music Background:

1. Major _____ Years of Learning: _____ Teacher's Name(s): _____

2. Minor _____ Years of Learning: _____ Teacher's Name(s)

3. School that you are currently attending: _____ Grade _____

4. Awards or honors received: (use separate sheets if needed)

5. PLEASE CONSULT WITH YOUR TEACHER FOR THIS QUESTION.

Each student should have at least 4 well-prepared memorized pieces to be worked on for private lessons. This music festival provides a rare opportunity for talented students like you to work directly with world-renowned musicians on a one-on-one daily basis. The more preparation you have, the more you will benefit from it. Also prepare chamber and concerto pieces that may be useful for work shops and chamber ensembles. Our faculty members will assign everyone into chamber groups that will be readjusted after the on-campus 7-minutes audition tentatively on **Saturday, August 2, 1-5 pm**. There will be about 12 recitals/master classes/seminars for which the public is invited. Every student will be asked to perform. **BRING THE MUSIC SCORES WITH YOU; bring the**

parts also if you have it. Based on the music you listed below and your performance at Saturday, August 2's audition, Mr. Lynn Chang, the violin and the head chamber coach, will make the chamber group assignment. If you are taking lessons for two instruments, you should play both at the audition. The purpose of this audition is to meet the teachers and to adjust the chamber group assignment.

Composer

Composition

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

6. Chamber music pieces that you have learned;

Composer

Composition

- a. _____
- b. _____
- c. _____
- d. _____

7. If time and availability permits, do you want to take private lessons of your Minor?

_____ Yes

_____ No

Composer

Composition

- a. _____
- b. _____
- c. _____
- d. _____

8. Any specific request or suggestions about your music program.

9. Are you going to participate in piano cenceto competition? _____ Yes _____ No

10. Upon faulty members approval, do you like to have a solo recital in addition to student gala concerts on August 19 and 21? _____ Yes _____ No.

What would be your program?



C: Travel Information: (Please indicate if you are traveling with a group of students and do not know the detail, or, if you are waiting for your visa application, We will arrange the pick up/drop off from the airport.)

1. Arrival Date: (check in July 31, 2008 1-5 pm) _____
by Air: Flight Number: _____
by Train: Train Station: _____ by Bus: Bus Station: _____
by Car: Driven by: _____
2. Departure Date: (check out August 22, 2008, 8 AM - 5 PM) _____
by Air: Flight Number: _____
by Train: Train Station _____ by Bus: Bus Station: _____
by Car: Pick up by: _____
3. Do you need to be picked up/dropped off from the airport or train/bus stations?
_____ Yes _____ No

D: Medical Information:

1. Do you have any medical insurance coverage that is effective in the United States? Bring your medical immunization record with you if possible.
 - a. _____ Yes. Medical Insurance Carrier: _____
Policy Number: _____
It is insured under the name of _____
 - b. _____ No.
2. Are you allergic to any types of medication, such as penicillin?
_____ Yes _____ No _____ Unknown
3. Are you allergic to any types of food?
_____ Yes, Name(s) of the food: _____
_____ No _____ Unknown
4. Any medical conditions that we should know about? Please indicate the date of any operations or serious injuries, or any chronic or recurring illness. Please notify us if you have exposed to any communicable disease during the three months prior to this festival attendance.

FOR THOSE WHO ARE ON MEDICATION, DO NOT FORGET TO BRING YOUR OWN MEDICINE.