

## Chamber Music Clinic featuring Amelia Piano Trio

April 11<sup>th</sup>, 2015

### APPLICATION FOR PARTICIPATION

Pre-formed ensembles from 8<sup>th</sup> grade through amateur adult ensembles are welcome to join us!

#### Application Process – Two ways to register

1. ONLINE PROCESS – Preferred Process

Complete the Form online at:

<http://goo.gl/forms/76quX4NWSG> OR

[Music.unomaha.edu/petitemusique](http://Music.unomaha.edu/petitemusique)

2. COMPLETELY BY MAIL

Complete the Form and mail to:

University of Nebraska at Omaha

Attn: Music - Stacie Haneline

6001 Dodge Street

Omaha, Nebraska 68182-0245

**Fee includes the cost of the Chamber Music Clinic and  
Two tickets for admission to Amelia Trio's Concert**

Calculating the Fee –

No later than Friday, March 28<sup>th</sup>, 2015

Clinic fee of \$45.00 per musician in the ensemble.

Calculating the Fee –

After Friday, April 4, 2015

Clinic fee of \$50.00 per musician in the ensemble.

#### Chamber Clinic Fee – ONE WAY TO PAY

Checks must be made payable to:

Omaha Chamber Music Society, not UNO.

Payment cannot be made through the UNO website.

Checks must be mailed to:

University of Nebraska at Omaha

Attn: Music - Stacie Haneline

6001 Dodge Street

Omaha, Nebraska 68182-0245

Name of Ensemble: \_\_\_\_\_

**Would this group like to be considered for the Master class?**

Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*Scholarship assistance available. Please contact Stacie Haneline for qualifications for scholarship assistance.

Capacity is limited and ensembles will be accepted in the order in which registrations and payments are received.

**Designate one person from ensemble who can communicate on behalf of the Ensemble:**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

**Teacher/Director/Coach of Ensemble**

Name: \_\_\_\_\_

School/Organization: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please list what you are prepared to play for the clinic:**

Title: \_\_\_\_\_ Movement: \_\_\_\_\_

Composer: \_\_\_\_\_

Duration: \_\_\_\_\_ minutes

**Participates' Information. Please complete for each musician in the ensemble.**

<b>Musician's Name</b> (If you are under the age of 18, please include your parents' names and email addresses on the line following your name.)	<b>Instrument</b>	<b>Years of Study</b>	<b>Grade</b>	<b>Age</b>	<b>E-mail address</b>	<b>Private Teacher</b> (Or Primary Teacher)

## Permission for Photography

For valuable consideration received, I grant to the Omaha Area Youth Orchestras and the Omaha Chamber Music Society (“Photographers”) and the legal representatives and assigns of the Photographers, the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release Photographers and legal representatives and assigns of the Photographers from all claims and liability relating to said photographers.

Please sign your name:

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Please print your name:

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Date: \_\_\_\_\_

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

If minor, please list your parents’ name and your home address:

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## Permission to share contact information with the Amateur Chamber Music Players

I give permission to share my contact information with the Amateur Chamber Music Players, which has provided support for this event?

**Yes - you have my permission to share contact info.**

**No - please do not share my contact info.**



You are welcomed to contact us at [shaneline@unomaha.edu](mailto:shaneline@unomaha.edu)

