

**The Carlson Horn/Greater Bridgeport Symphony
Competition for Young Instrumentalists Application**

Application Deadline: Friday, January 2, 2010

Mailing Address: 446 University Ave. Bridgeport, CT 06604

Tel: (203) 576-0263 Fax: (203) 367-0064

Last Name		First Name		Instrument	
Street Address		City/Town		State	Zip Code
Telephone Number		Date of Birth		Grade or Class	
Name of School		School Address		School City/Town	

Study History (please list teachers and years of study): _____

Recital and Concert Experience

Music Selection (total performance time for both pieces is limited to 15 minutes):

1. *Concerto*: _____
Composer/Title Movement # - Tempo Minutes

2. *Contrasting Work*: _____
Composer/Title Movement # - Tempo Minutes

Accompanist: _____
Last Name First Name

Enclosed are two recommendations from the following teachers (*not needed if already on file from previous year*) **RECOMMENDATIONS MUST ACCOMPANY THE APPLICATION:**

1. _____ 2. _____
Name Name

Preferred Audition Time: MORNING AFTERNOON NO PREFERENCE

I hereby certify that all of the above information is correct to the best of my knowledge. I agree that the decision of the judges will be final. I agree to audio/video taping the Finals for non-commercial broadcast or general promotional use by the Greater Bridgeport Symphony.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

(Required if applicant is under 18)

***A check or money order for \$25 must accompany this application.
Please make this NON-REFUNDABLE application fee payable to "Greater Bridgeport Symphony."***