

CENTRAL COAST HARP WORKSHOP APPLICATION FORM

Name _____

Performing harpist Auditor

Name of pre-rehearsed ensemble (if applicable) and instrumentation: _____

_____ No. of years together: _____

Address _____

Phone _____ Fax _____

E-mail _____

Type of harp _____ Level (yrs. of study) _____

Repertoire I may want to play: _____

I plan to bring my own harp*

Current teacher _____

Parent/guardian permission for minor to participate in the CCHW. _____
Signature

*Harps available for workshops/concert. No practice harps except for rehearsals.
It is highly recommended that you bring your own harp. Please discuss with CCHW office: 310-472-9740.

Tuition, Performer	\$ _____
Tuition, Auditor	\$ _____
TOTAL	\$ _____

MAIL APPLICATION with CHECK PAYABLE to DTMF to:

Central Coast Harp Workshop
c/o Debussy Trio Music Foundation
PO Box 492225
Los Angeles, CA 90049, USA