

## AVALOCH APPLICATION

NAME OF ENSEMBLE:

NAMES OF INDIVIDUALS AND INSTRUMENTS (INCLUDE COMPOSER WHEN APPLICABLE)

- 1.
- 2.
- 3.
- 4.

(Add more as necessary)

CONTACT NAME:

CONTACT MAILING ADDRESS:

CONTACT PHONE:

CONTACT EMAIL:

2 REFERENCES WITH EMAIL AND PHONE# (You are responsible for contacting your references and asking them to send an email to Deb Sherr at [deb@avalochfarmmusic.org](mailto:deb@avalochfarmmusic.org))

- 1.
- 2.

ARE YOU APPLYING FOR NEW MUSIC INITIATIVE?

ENSEMBLE EXPERIENCE (500 words or less)

WHAT DO YOU HOPE TO ACCOMPLISH AT AVALOCH FARM? (500 words or less)

TECHNICAL REQUIREMENTS:

ATTACH WORK SAMPLES:

PREFERRED DATES:

1ST

2ND

3RD