

MUSICAL DETAILS FORM – return one form for your group
String Ensemble Course with the Chilingirian Quartet, Wednesday 15 April – Sunday 19 April 2020
SCQ09628

NAME OF YOUR QUARTET/ENSEMBLE

Main contact via email for your group:
(A copy of this form will be given to Levon Chilingirian to help with pre-course preparation)

NAMES: 1st violin Indication of age
2nd violin
Viola
Cello

Please write a paragraph about your quartet/ensemble. Include details of musical experience and training for each player and, if relevant, who you are currently studying with.
.....
.....
.....
.....
.....
.....
.....
.....

How long have you been playing together?

Have you attended this course previously? YES NO or any other string quartet courses?
.....

Which pieces do you intend to prepare for the course?
1.
2.
3.

Are any members of your ensemble applying to the College for a music bursary to assist with their course fees? YES/NO
If yes, please give name/s
1.
2.
3.
4.

Have you enclosed a bursary application form for each? YES NO

How did you hear about the course?
.....