



APPLICATION

Please complete and return with your \$25 non-refundable application fee to:

I Artisti
P. O. Box 1732, La Mirada, CA 90637

I wish to audition for; (Check One)

*I Artisti Chamber Player (Beginning level) _____

*I Artisti Festival Orchestra _____

Personal Information:

Student's Name: _____ Parent's Name : _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email (*required): _____

Age: _____ Grade: _____ Gender: M / F

Instrument: _____ # of Years Played: _____

Private Instrumental Teacher: _____

Teacher's email address: _____

If accepted into the summer program at *I Artisti*, I agree to participate in all events and activities. I further agree to abide by all rules and regulations.

STUDENT'S SIGNATURE: _____ Date: ____/____/____

PARENT'S SIGNATURE: _____ Date: ____/____/____