The 10th Annual Taiwan Clinic

An International Band and Orchestra Conference

2017.07.14 - 2017.07.16 Hsinchu County, Taiwan

**International Mutual Concert Application**

**PLEASE TYPE OR PRINT CLEARLY**

Ensemble Name:

(Exactly as you’d like it to appear in publicity.)

Director Name:

Address:

 (City) (State) (Zip code)

Phone: Fax:

Email:

Website:

How long have the conductor directed this organization?

Conductor/ Director’s professional experience:

Type of Organization:

□ Jazz Ensemble □ Concert Band □ String Orchestra

□ Full Orchestra □ Chamber Ensemble □ Other

The frequencies of organization rehearse?

Number of members in organization: Grade level(s) of members:

Performing experience by the ensemble or director during the last two years

Honors won by the ensemble or director during the last two years

**※Please enclose the performance recording tapes, CDs or DVDs with the application.**

When was the enclosed recording made? Where?

By whom?

Title and composer / arranger of each section:

1.

2.

3.

 **Ensemble Roster** Ensemble Name

|  |
| --- |
| **Performers** |
| No | Chinese Name | English Name | Title | Instrument | No | Chinese Name | English Name | Title | Instrument |
| **1** |  |  |  |  | **31** |  |  |  |  |
| **2** |  |  |  |  | **32** |  |  |  |  |
| **3** |  |  |  |  | **33** |  |  |  |  |
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| **29** |  |  |  |  | **59** |  |  |  |  |
| **30** |  |  |  |  | **60** |  |  |  |  |

Band Introduction: (include high quality band photo)

Conductor Introduction: (include high quality conductor photo)

Remittance invoice