2020 The Taiwan Band Clinic

**International Mutual Concert Application**

2020.08.14 - 2020.08.16, Taipei, Taiwan

**PLEASE TYPE OR PRINT CLEARLY**

Ensemble Name:

(Exactly 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.

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5.

**Ensemble Roster** Ensemble Name

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Band Introduction: (include high quality band photo, 300 dpi)

Conductor Introduction: (include high quality conductor photo, 300 dpi)

Remittance invoice