Calidore String Quartet Seminar Application

String Quartet Name _____

Contact Email _____

Contact Phone Number _____

How did you hear about the seminar?

_____

Member 1 Name _____
Current enrollment degree and year within the degree
_____
Instrument _____

Member 2 Name _____
Current enrollment degree and year within the degree
_____
Instrument _____

Member 3 Name _____
Current enrollment degree and year within the degree
_____
Instrument _____

Member 4 Name _____
Current enrollment degree and year within the degree
_____
Instrument _____

Audition Repertoire (Two contrasting movements)

1. Title and Composer_____
Link_____
2. Title and Composer _____
Link_____

Letter of Recommendation ☐

Name of recommender _____

Deadline for submission of completed application, non-refundable application fee ($200 per quartet and $50 per soloist) and video audition is December 1 mailed to echoi@udel.edu

Calidore String Quartet Seminar Application

Individual

Name _____

Contact Email _____

Contact Phone Number _____

School _____

Teacher's name _____

How did you hear about the seminar

_____

_____

Audition Repertoire

Solo Bach _____
Link_____
Concerto Movement _____
Link_____

Letter of Recommendation ☐

Name of recommender _____

Deadline for submission of completed application, non-refundable application fee ($200 per quartet and $50 per soloist) and video audition is December 1 mailed to echoi@udel.edu