

**FURTHER INFORMATION: Dr. Marcia Fountain 915-747-5967. Fax 915-544-7164.**

EL PASO PHILHARMONIC STRINGS  
SUMMER CLINIC 2003

- NAME \_\_\_\_\_
- ADDRESS \_\_\_\_\_
- CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
- PHONE \_\_\_\_\_ AGE \_\_\_\_\_
- Email \_\_\_\_\_
- GRADE this year (02 - 03) \_\_\_\_\_ GRADE next year (03 - 04) \_\_\_\_\_
- INSTRUMENT VIOLIN VIOLA CELLO BASS
- SCHOOL this year (02 - 03) \_\_\_\_\_
- SCHOOL next year (03 - 04) \_\_\_\_\_
- ORCHESTRA TEACHER  
THIS YEAR (02 - 03) \_\_\_\_\_ NEXT YEAR (03 - 04) \_\_\_\_\_
- PRIVATE TEACHER \_\_\_\_\_
- PHONE NUMBER & ADDRESS OF PRIVATE TEACHER \_\_\_\_\_

MAIL TO:  
**El Paso Philharmonic Strings**  
**2626 N. Mesa PMB 310**  
**El Paso, TX. 79902**  
\$15.00 non-refundable deposit  
required; this deposit counts  
toward the fee.  
Make checks payable to El Paso  
Philharmonic Strings

- YEARS OF STUDY IN ORCHESTRA \_\_\_\_\_
- YEARS OF STUDY IN PRIVATE LESSONS ON STRING INSTRUMENT \_\_\_\_\_ PIANO \_\_\_\_\_
- PIANO EXPERIENCE (string players)  NONE  SOME BY EAR  1 - 3 YEARS LESSONS  
 4- 8 YEARS LESSONS
- HAVE YOU STUDIED MUSIC THEORY SEPARATELY FROM YOUR INSTRUMENT? \_\_\_\_\_ IF SO,  
HOW LONG? \_\_\_\_\_
- CLEFS YOU CAN READ: TREBLE BASS ALTO TENOR

**ALL STUDENTS AND PARENTS MUST SIGN THE FOLLOWING STATEMENT**

IN APPLYING TO ATTEND THE SUMMER STRING CLINIC AT UTEP I AGREE TO THE FOLLOWING CONDITIONS:

1. Attendance at all classes, rehearsals, and performances is required.
2. Behavior which clearly demonstrates a lack of the maturity necessary to be involved in the clinic can result in dismissal of a student with the balance of the fees refunded.
3. We agree that the use of University of Texas at El Paso facilities is at the risk of the user, and that neither El Paso Philharmonic Strings nor the University of Texas shall be held liable in the event of an accident.
4. I have read and understand all policies concerning payment and refunds.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent/Guardian signature

Parent/Guardian Name **Printed** \_\_\_\_\_

INDICATE THE CLINIC FOR WHICH YOU ARE APPLYING:

Middle School Program

High School Program