

Salt Spring Chamber Music Festival 2018

Student's name: _____

Instrument :

piano

violin

viola

cello

Age of student: _____ Birthdate _____ Instrument grade level _____ Years of study _____

Other musical activities: _____

Chamber Music Repertoire Request _____

NOTE: We will make every effort to accommodate requests, however, the final decision is at the discretion of the Artistic Director of SSCMF.

Parents' names: _____

Mailing address: _____

Phone (_____) _____ Fax (_____) _____ email _____

Teacher's name & phone number _____

Tuition fee: \$800.00 minus \$200.00 scholarship. \$150 Registration Reservation payment. Balance of \$450.00 is due upon arrival at the festival.

Parent's signature _____ Date _____

Student's signature _____

In order to complete your application, we must receive the following material prior to May 15, 2018.

Late applications may be considered if openings are available.

- all required fees (cheques to be made out to ArtSpring)
- completed liability-waiver form (see next page)
- audition recording (CD or DVD) if requested by Artistic Director.

Assistance from adult volunteers is greatly appreciated. Please indicate if you would like to help with:
driving, clean up, other, as needed

Return this page together with your release and waiver form to:

David Visentin,

Artistic Director,

Salt Spring Chamber Music Festival

8 Kappele Ave., Toronto, Ontario, M4N 2Y9

Tel: 416-484-1421 or 416-804-3366

Email: davidvisentin9@gmail.com or Visentin@vcm.bc.ca

2018 Salt Spring Chamber Music Festival

RELEASE AND WAIVER

Student's Name _____

Address _____

Home telephone

(daytime) (____) _____ (evening) (____) _____

Emergency contact (name and telephone number)

Provincial Health Care Insurance Number:

Does the student have any health issues or dietary restrictions that we should be aware of:

In consideration of the Salt Spring Chamber Music Festival, David Visentin Artistic Director, I, _____ for myself, my heirs, executors, administrators and assigns release the Salt Spring Chamber Music Festival (SSCMF), David Visentin, ArtSpring, all other locations utilized by SSCMF, and my billet, if any, (collectively "the Releasees") from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at or participating in the Salt Spring Chamber Music Festival at ArtSpring, and other venues used by SSCMF for the purpose of conducting rehearsals and or performances, or at a billet, notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of the Releasees, their servants, agents or employees.

Dated this _____ day of _____, 2018.

Signature of Student

Signature of Parent or Guardian

I give permission for photographs in which I appear, taken by the Salt Spring Chamber Music Festival photographer, to be used for publicity purposes. (Check One)

YES

NO

Return this page together with your registration form to:

David Visentin,

Artistic Director, Salt Spring Chamber Music Festival,

8 Kappele Ave., Toronto, Ontario, M4N 2Y9

Tel: 416-484-1421 or 416-804-3366

Email: kagatin@sympatico.ca or Visentin@vcm.bc.ca