

THE CATHOLIC UNIVERSITY OF AMERICA
Benjamin T. Rome School of Music
2016 Young Musician Competition
APPLICATION FORM

Return form with a non-refundable application fee of \$25.00 (USD) via check payable to: Catholic University of America and mail by October 10, 2016 to:

CUA School of Music
ATTN: Solo Competition
620 Michigan Ave NE
Washington, DC 20064

Allow at least a week for U.S. mail.

Application materials received after October 10, 2016, 11:59 p.m. ET will not be considered.

Name _____

Email _____

Phone _____

Address _____

School, City, State _____

Grade Level _____

Name of Private Teacher (if none-Band/Orch. Teacher) _____

City/State/County of Private Teacher _____

Private Teacher (if none-Band/Orch. Teacher) Email: _____

Private Teacher (if none-Band/Orch. Teacher) Phone: _____

Contestant Statement: I have read all of the 2016 Young Musician Competition instructions and will abide by its rules. I attest that I have not edited or had anyone else edit the preliminary round recording as stated in the instructions and will accept the judges' decision as final.

Name Date

Teacher Statement*: I have read all of the 2016 Young Musician Competition instructions and am aware of its rules. I attest that my student or anyone else has not edited the preliminary recording as stated in the instructions, and accept the judges' decision as final. (*If no music teacher, a parent may sign)

Name Date