

Checklist of Musical Activities and Participation

Name: _____ E-Mail: _____

Address: _____
street city state zip code

Phone(s): (_____) _____

Primary Instrument/Voice Range: _____

Secondary Instrument(s): _____

High School? _____ H S Music Director? _____

Private Lessons? _____ YRS? _____ Private Teacher's Name: _____

Please place a check next to any activities that you were involved in during your high school years, and note how long you were involved. If you play 2 (or more) instruments, please indicate which instrument you played in each ensemble.

STRINGS:

Orchestra <input type="checkbox"/>	YRS?	_____
Chamber Orchestra <input type="checkbox"/>	YRS?	_____
Duo, Trio, Quartet, etc <input type="checkbox"/>	YRS?	_____
Musical/Pit Orch. <input type="checkbox"/>	YRS?	_____
Regional Festival <input type="checkbox"/>	YRS?	_____
State Festival <input type="checkbox"/>	YRS?	_____
Summer Camp/Fest <input type="checkbox"/>	YRS?	_____

VOCAL:

Chorus <input type="checkbox"/>	YRS?	_____
Chamber Choir <input type="checkbox"/>	YRS?	_____
Show Choir <input type="checkbox"/>	YRS?	_____
Glee Club <input type="checkbox"/>	YRS?	_____
Musical/Opera <input type="checkbox"/>	Roll(s)	_____
Summer Camp/Fest <input type="checkbox"/>	YRS?	_____
Regional Festival <input type="checkbox"/>	YRS?	_____
State Festival <input type="checkbox"/>	YRS?	_____

WINDS/BRASS/PERCUSSION:

Concert Band <input type="checkbox"/>	YRS?	_____
Marching Band <input type="checkbox"/>	YRS?	_____
Orchestra <input type="checkbox"/>	YRS?	_____
Wind Ensemble <input type="checkbox"/>	YRS?	_____
Brass Ensemble <input type="checkbox"/>	YRS?	_____
Musical/Pit Orch/Band <input type="checkbox"/>	YRS?	_____
Regional Festival <input type="checkbox"/>	YRS?	_____
State Festival <input type="checkbox"/>	YRS?	_____
Jazz Ensemble <input type="checkbox"/>	YRS?	_____
Summer Camp/Fest <input type="checkbox"/>	YRS?	_____

PIANO/KEYBOARDS:

Private Lessons <input type="checkbox"/>	YRS?	_____
Collaborative Experience:		
Vocal Soloists <input type="checkbox"/>	YRS?	_____
Ensembles <input type="checkbox"/>	YRS?	_____
Inst. Soloists <input type="checkbox"/>	YRS?	_____
Chamber Music <input type="checkbox"/>	YRS?	_____

Please list any other relevant activities not included above:

On the reverse of this form, please write a short paragraph to tell us why you would like to be a music student at Emporia State University.