

Winter Retreat Application

Program Dates: (check one or both)

_____ **December 2-4, 2016 in NYC**

_____ **February 17-19, 2017 in Columbia Country, NY**

A non-refundable application fee of \$40 is required with this application

Name (Last, First) _____

Current Address valid until _____

Permanent Address (if different)

Email _____

Telephone Number _____

Date of Birth (D/M/Y) _____

Gender _____

Did you previously attend the EAMA Summer Music Program? NO _____ YES _____ Year(s) _____

You are a (check those which apply to you): ___ Composer ___ Conductor ___ Chamber Musician

How did you learn about the EAMA Institute?

Any Dietary Restrictions? (For February retreat only)

In a sentence or two, what do you wish to accomplish at the EAMA Winter Retreat?

APPLICANT'S SIGNATURE I affirm that all the information is complete and accurate.

Name

Date

Send this completed application to: apply@europeanamericanmusicalalliance.org