PRO ARTE
CHAMBER ORCHESTRA OF BOSTON

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CONCERTO COMPETITION
APPLICATION DEADLINE: August 18, 2010
Mailing address: 107 Brighton Avenue, Suite One, Boston, MA 02134 (617) 779-0900

First Name _____ Last Name _____ Instrument _____

Street _____ City/Town _____ State _____ Zip Code _____

Telephone Number _____ Email _____ Date of Birth _____ Grade/Class _____

Name of School _____ School Address _____ School City/Town _____

Study History (Please list private teachers and years of study):_____

_____

_____

_____

Music Selection for Live Round (to be performed at concert if selected). Total performance time limited to **12 minutes**:

Concerto: _____
Title Movement

Composer: _____

Accompanist: _____
First Name Last Name

Two recommendation letters from the following teachers accompany this application:

1._____ **2.** _____

I certify all information above to be correct to the best of my knowledge. I agree that the decision of the judges will be final.

Applicant's Signature: _____ **Date** _____

Parent's Signature: _____ **Date** _____

A check or money order for $35.00 **must** accompany this application unless fee has been waived.
Please make this non-refundable fee payable to: **Pro Arte Chamber Orchestra of Boston, Inc.**