



KANSAS CITY  
**STRING QUARTET**  
PROGRAM

Name: \_\_\_\_\_

Week(s) attending

(Check both if interested in attending two sessions.)

July 28 - August 2

August 4 - 9

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail: \_\_\_\_\_

Instrument: \_\_\_\_\_

Teacher (private teacher): \_\_\_\_\_

Number of years with current teacher: \_\_\_\_\_

School: \_\_\_\_\_

Strings/orchestra teacher: \_\_\_\_\_

Chamber music experience

(Please include any school/camp participation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chamber music pieces performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

T-shirt Size (S M L XL): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Mail to:**

Kansas City String Quartet Program  
5960 Dearbon, Suite 209 - Mission, KS 66202

**Fax to:**

913-831-4707