



Application Form for Conducting Fellows for Aug. 6, 2005 Workshop

Name _____ Mail address _____

Phone _____ Home e-mail address _____ Year of Birth _____

Schools & degree types _____

Previous conducting study with _____

Current place of employment _____

Courses and choirs you teach/direct _____

What is your major instrument? _____

How many years have you taught music/directed choirs? _____

Name the repertoire/composition of the highest level of difficulty you have conducted in performance with a vocal ensemble: (Give title, composer, voicing, accompaniment or a cappella, ensemble name, city/town, and performance date if you remember.)

By July 15, 2005, please send this form to Summit Chorale,
c/o Eleanor Winslow, 16 South Crescent, Maplewood, NJ 07040-2711



Registration Form for All Other Participants in Aug. 6, 2005 Workshop

Name _____ Phone _____

Mail Address _____

Home e-mail address _____

Please send this form with your check for \$10 to Summit Chorale, c/o Eleanor Winslow, 16 South Crescent, Maplewood, NJ 07040-2711

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