

Columbus Symphony Orchestra

Master Class Performer Nomination Form

Student Information:

Student Name _____ Instrument _____

Phone (____) _____ Email _____

Address _____

City _____ State _____ Zip _____

School _____ Grade/Year _____

Composer/Piece/Movement _____

Musical Goals/Achievements _____

Teacher/Instructor Information:

*I nominate the above student for participation in the Columbus Symphony Orchestra's
Mastering Music series on the date below:*

Violin Master Class
January 20th, 2018
10:30am – 11:30am
(Form Deadline: January 8th)

Teacher/Instructor's Signature _____ Date _____

Printed Name _____ Title _____

School/Organization _____

Phone (____) _____ Email _____

****Space is limited. No more than 3-4 students will be accepted for this master class. You may be asked to provide an audio recording at a later date. Please provide any additional information that may be useful to us in the selection process.**

Please return this form to:

Barbara Careaga-Mitchell, Education Coordinator

Columbus Symphony Orchestra

P.O. Box 1499, Columbus, GA 31902

Phone: 706-256-3648 | Fax: 706-323-7051 | Email: education@csoga.org