

**ASPEN MUSIC FESTIVAL and SCHOOL and the
M.O.R.E. Music Program's
PALS (Passes and Lessons) Program
APPLICATION FORM 2010**

PERSONAL INFORMATION

Name:	
Age:	
Address:	
Home Phone:	Work Phone:
Parent Name:	
Email Address:	

BACKGROUND STUDY

Instrument or Voice Type:
Years of Training:
Current School:
School Music Teacher:
Private Lesson Teacher:
Current Repertoire:

TEACHER RECOMMENDATION

*Please indicate how this student, if accepted into the **P.A.L.S. Program**, will benefit from this enrichment and take advantage of its offerings. (Feel free to use the back or separate sheet if needed.)*

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

*Please return this form to **Molly Noel** at the following address by April 26, 2010:*

**Student Services/P.A.L.S. Program
2 Music School Road, Aspen, CO 81611
FAX: 970.925.5708**

FOR OFFICE USE ONLY:

Teacher Assignment:

Schedule: