

NATIONAL SYMPHONY ORCHESTRA AMERICAN RESIDENCIES Activity Request Form

PRESENTER NAME: _____ **ADDRESS:** _____

TELEPHONE: _____ **CELL PHONE:** _____
FAX: _____ **EMAIL:** _____

Check one (1) of the following. Use one request form per activity. Refer to Activities Menu for descriptions.

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| <p>1. Chamber Music Concert _____</p> <p>2. In-School Ensembles _____</p> <p>3. Community Service Performance _____</p> <p>4. Sectionals/Coachings _____</p> <p>5. Clinics _____</p> <p>6. Master Classes _____</p> <p>7. Pre-Concert Events: _____</p> <p style="padding-left: 20px;">a. "Meet the Performers" Panel _____</p> <p style="padding-left: 20px;">b. Lectures _____</p> <p>8. Workshop for Teachers _____</p> | <p>9. Method Workshops: _____</p> <p style="padding-left: 20px;">a. Suzuki _____</p> <p style="padding-left: 20px;">b. Alexander Technique _____</p> <p style="padding-left: 20px;">c. Conducting _____</p> <p style="padding-left: 20px;">d. Sight reading _____</p> <p>10. Artistic Exchange _____</p> <p>11. Music Appreciation Class _____</p> <p>12. Arts Education Advocacy _____</p> <p>13. Speakers Bureau _____</p> <p>14. Distance Learning _____</p> <p>15. Arts Professionals Round Table _____</p> <p>16. Other: describe below _____</p> |
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Please give a complete description of the above requested activity:

Please be as detailed as possible. Include information about level of players, size of audience, age level, repertoire (if applicable), musical background, etc.

Desired date of event:

Desired time of event:

Desired length of event:

Name/location/address and telephone of where activity is to take place (please include zip code):

Name/contact and telephone of host (teacher or other) for activity:

Travel time to/from activity:

Mode of transportation (vans may be needed to transport larger instruments, i.e. string bass or harp):

Name/contact and telephone of person responsible for transportation: