

James Houlik Saxophone Retreat Application

Applicant's name: _____

Age: _____ Sex: ___M ___F

Address: _____ / _____ / _____ / _____
Street City State Zip

Phone: _____ / Home _____ / Work/Cell

E-mail: _____

Present Position (please be specific.... college student, teacher, etc.)

Education: _____

Who should we contact in the event of an emergency?:

_____ / _____

Name

Phone

List two works that you have studied which best represent your performance level

(please provide title and composer):

1) _____

2) _____

3) _____

Please check your primary saxophone voice:

soprano alto tenor baritone

Would you be willing to participate in a sax quartet?

If so, which other voices you can bring to the retreat:

Soprano Alto Tenor Baritone

T-Shirt Size: S M L XL XXL

_____ / _____

Signature of Applicant

Date

_____ / _____

Signature of Parent/Guardian if under 18

Date

Print out this application and mail, along with a \$150 deposit made payable to "James Houlik" to the address below by June 1st. Deposit is nonrefundable after May 15th.

Stephen Pollock, Coordinator
James Houlik Saxophone Retreat
451 Straw House Road
Reidsville, NC 27320

E-mail: anvilhd@aol.com
Tel. 412-512-0201