



KELLER COMPETITION

2017-18 Application

Applicant Information

Name: _____ Instrument/Voice: _____

Address: _____
Street City State Zip

Email: _____ Phone: _____

Age: _____ School: _____ Years of Instrument Studies: _____

Accompanist: _____ Accompanist's Email: _____

Private Instructor: _____ Instructor's Email: _____

To be completed if applicant is under 18:

Guardian Name: _____ Email: _____

Address: Same as above _____

Selections to be performed from Keller Repertoire List

Title: _____ Composer: _____

Title: _____ Composer: _____

Signature of Private Instructor

Date

Signature of Applicant or Guardian if Under 18

Date

**\$15 Entry Fee is due
with application**

Make check payable to:
*Lafayette Symphony
Orchestra*

Mail application and check to:
Lafayette Symphony Orchestra
P.O. Box 52
Lafayette, IN 47902

**Application Deadline:
Postmarked by
May 22, 2017**

PLEASE PRINT ALL
INFORMATION

Contact the LSO with questions at (765) 742-6463 or email jodi@lafayettesymphony.org