

CHAMBER MUSIC CONCERT APPLICATION



Date of Performance:

Location: **Immanuel Lutheran Church,
1700 Westport Rd. Kansas City, MO 64111**

Your name and instrument:

Teacher who recommends you:

Email address:

Parent phone number:

Additional information:

Please send a \$30 non-refundable application fee to:

Soundwave Academy LLC
4826 Mission rd.
Roeland Park, KS 66205

***Please include the student's name as well as the date of the performance in the memo.**