

# MASTERCLASS APPLICATION



Date of Class:

Location of Class:

Your name and instrument:

Teacher who recommends you:

Need an accompanist?   Y   N

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 class in the memo.