

WORKSHOP APPLICATION



Date of Workshop:

Location of Workshop:

Your name and instrument:

Teacher who recommends you:

Need an accompanist? Y N

Additional information:

Workshop fee for 6 events: \$210

Please send payment and application to:

Soundwave Academy LLC

4826 Mission rd.

Roeland Park, KS 66205

*Please include the student's name as well as the title of the workshop in the memo.