# 11th ANNUAL ALBERT SCHWEITZER ORGAN FESTIVAL

**Friday, Saturday & Sunday, September 5, 6 & 7, 2008**

## APPLICATION

**Please print or type**

Last Name _____ First Name _____ Middle Name/Initial _____

Please list your address for competition correspondence:

Street Address or P.O. Box: _____

City, State, Zip: _____ Email: _____

Home Phone: _____ School/Work Phone: (_____) _____

*If applicable:*
Current School: _____ Grade/Semester: _____

Current Teacher: _____ Teacher's School Phone: (  ) _____

| | |
|---|---|
| Should I be chosen as a Finalist, my religious convictions would necessitate playing before sundown on Friday. | ☐ Yes<br>☐ No |

## REQUIRED ENCLOSURES

Please include the following with your application:

- Check for $40 made payable to "First Church of Christ." (non-refundable)
  Please include "ASOF" on the check's memo line.
- Brief autobiography.
- Letter of recommendation from current teacher, if applicable
- A letter of consent from parent or legal guardian for students younger than 18 years of age.
- Cassette tape or CD of required works. (No dubbing or editing allowed.)

*I hereby declare that all materials presented are authentic in every respect. The enclosed cd/cassette tape is representative of my playing and has **not** been edited to remove mistakes.*

_____

*Signature of Applicant* *Date*

**Application must be postmarked by June 6, 2008.**

**Please label package "ASOF Application."**

**MAIL TO:** FIRST CHURCH OF CHRIST, 250 Main Street, Wethersfield, Connecticut 06109
Attention: Albert Schweitzer Organ Festival

Telephone: (860) 529-1575, ext. 209 – Email: music@firstchurch.org