12th ANNUAL ALBERT SCHWEITZER ORGAN FESTIVAL

Friday, Saturday & Sunday, September 11, 12 & 13, 2009

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 ☐ 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 5, 2009.

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