



# Masterclass Application

## *Christina Smith*

Sunday, April 23, 2017  
Masterclass follows 2 PM recital  
Gottlieb Hall, Merit School of Music  
38 S. Peoria St., Chicago, IL 60607  
*Open to performers of all ages and levels.*

**To apply as a masterclass performer, please submit the following with your completed application form:**

**1. Recording Guidelines:**

- a. Please submit a recording containing two contrasting pieces of your choice on an unedited CD, 15 minutes maximum.
- b. To maintain anonymity, please do not speak on the recording or list any identifying information on the case or recording itself.
- c. Repertoire with accompaniment may be recorded with or without accompaniment. However, if selected, the performer must supply an accompanist for the masterclass. Suggestions can be provided, if needed.
- d. The decision of the judges is final. Recordings become the property of the Chicago Flute Club.

**2. Fees and Membership:**

- a. Masterclass participation is open to any CFC member who has not performed in a CFC masterclass in the current membership year (September 2016 - August 2017).
- b. Application and membership fees may be enclosed with the application. Checks should be made payable to the Chicago Flute Club.

Application Fee: \$25.00 (non-refundable)

CFC Membership Fee: \$25.00 – Student, \$40.00 – Active Member (non-refundable)

**3. Biographical information:**

Please include a resume listing your musical experience, teachers, and years studying privately, and submit a bio of no more than 400 characters (letters and punctuation marks, not words) to be used in the program, if selected.

**4. Repertoire:**

In addition to the pieces submitted on your recording, please list two other works which you could perform for the masterclass. Please note that you may be asked to perform repertoire from either your recording or repertoire list. The decision of the judges is final.

**5. Application Deadline:** Applications must be postmarked by **March 20, 2017**. Late and/or incomplete applications will not be accepted.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone : (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

(Notification of acceptance will be by phone or email at least 2 weeks before the masterclass.)

Repertoire: \_\_\_\_\_

Two Other Pieces you could Perform: \_\_\_\_\_

Please indicate your level: \_\_\_ Pre-High School \_\_\_ High School \_\_\_ College/Graduate School \_\_\_ Professional \_\_\_ Amateur

Please send completed application to:

Julie Marcotte  
704 S. Washington St.  
Hinsdale IL, 60521  
630-974-6225; juliemarcotte@sbcglobal.net