



2024-25 Application Form

Name: _____

Instrument: _____ Student Age: _____ Grade: _____

Address: _____

Phone: _____ E-mail Address: _____

Parent or Guardian (if under 18): _____

Private Teacher: _____

Phone: _____ E-mail Address: _____

School: _____ Does your school have an orchestra program? _____

[If yes, what is the director's name: _____ E-mail: _____]

I have read, understand and agree to the Code of Conduct for the ICMA.

Student Signature: _____

Parent Signature (if under 18): _____

Check List: (MUST BE COMPLETED)

- ____ Completed & signed application
- ____ Video Audition video file emailed to ICMA.
[Link to a YouTube, GoogleDoc, Vimeo etc]
- ____ Tuition Fee Paid
- ____ Signed "Minor Media Release Form"

CHECK the session/s you are applying for:

- ☐ Fall 2024 Session
- ☐ Winter 2025 Session
- ☐ Summer Camp 2025

In case of emergency, contact: _____

Phone: _____ Relationship: _____

Email completed documents and links to:

illinoischambermusicacademy@gmail.com

or

Mail completed application documents (along with emailing link to video audition) to:

ICMA

P.O. Box 914 ~ Morton, IL 61550

www.icmusicacademy.org