

Private Masterclass / Workshop Form

Please fax this information back to *Educational Performance Tours* upon receipt
718-351-3358

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| School Name |
| Director's Name and Telephone # |
| Type of Group (<i>specify choral, instrumental, drama or dance</i>) |
| Technique of Masterclass / Workshop you would like to request (<i>Choral, Orchestral, Concert Band, Broadway Song and Dance, Alvin Ailey, Fosse, Ballet, etc.</i>) |
| Have your students studied your requested technique prior? |
| Level and Ages of students (<i>should you have varied levels of performance, please specify</i>) |
| Issues and concerns you would like us to address when finding your clinician. |
| List any equipment you will need to rent for this program. ie: music stands and/or instruments. (<i>Please Note: ONLY chairs, electric & piano are provided</i>) |
| Approximately how many students will participate in this program? |
| Approximately how many parents will accompany your group? |