2022 Performance Application

This application is session based and will log you out after a period of inactivity. Therefore, please be sure to save your work before leaving the application window open for any amount of time. Failing to do so may jeopardize you losing any information which has not been saved.

Part I – General Information

Ensemble Information

Ensemble Name *Exactly as you'd like it to appear in publicity.*

| Ensemble Name - Exactly as you'd like it to appear in publicity. | × |

Ensemble Mailing Address

| Ensemble Mailing Address | × |

City

| City | × |

State

| State | × |

Zip

| Zip | × |

Ensemble Photo

Ensemble Photo Upload:*

[_____] **Select**

Your Photo: **View**

Ensemble photos need to be high resolution with dimensions: 1920(w) x 1280 (h). Please submit as a jpg or png.

Ensemble Media

Upload Roster:* *(PDFs only please.)*

[_____] **Select**

Your Roster:

Download Roster

Please upload a roster of your current ensemble membership by instrumentation. Indicate with an asterisk* those individuals who will be leaving the ensemble prior to December 2022. Adult/Community Ensembles should also include each individuals occupation next to their name.

Please select three concert programs from the last two years and upload each individually below.

Upload Concert Program:* *(PDFs only please.)*

[_____] **Select**

Your Concert Program:

Download Concert Program 1

Upload Concert Program:* *(PDFs only please.)*

[_____] **Select**

Your Concert Program:

Download Concert Program 2

Upload Concert Program:* *(PDFs only please.)*

[_____] **Select**

Your Concert Program:

Download Concert Program 3

Director's Information

Director's Name

[Director's Name   ×]

Director Photo Upload:

[_____] **Select**

Your Photo:

Home Address

[Home Address   ×]

City

[City   ×]

State

[State   ×]

Zip

[Zip   ×]

Home Phone

[Home Phone   ×]

Office Phone

[Office Phone   ×]

Cell Phone

[Cell Phone   ×]

Email

[Email   ×]

Ensemble Website URL
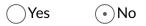
[Ensemble Website URL   ×]

Director's Past Information

How long have you been director of this ensemble?

[How long have you been director of this ensemble?   ×]

Have you ever attended a Midwest Clinic?

○ Yes   ⦿ No

If yes, when?

[If yes, when?]

Have you ever applied to bring an ensemble to The Midwest Clinic?   ○ Yes   ⦿ No

If yes, when?

[If yes, when?]

Have you ever brought an ensemble to The Midwest Clinic?   ○ Yes   ⦿ No

If yes, when?

[If yes, when?]

If yes, what was the name of the ensemble? If multiple, list all.

[If yes, what was the name of the ensemble? If multiple, list all.]

Education *(School, Degree, Year)*

[Education (School, Degree, Year)]   ✕

✕

Previous Teaching Position *(Where, When, Capacity) - 1000 characters max*

[Previous Teaching Position (Where, When, Capacity) - 1000 characters max]

Second Director Information

Second Director's Name

[Second Director's Name]

Second Director Email

[Second Director Email]

Second Director Education *(School, Degree, Year)*

[Second Director Education (School, Degree, Year]

Second Director Photo Upload:

[   ] **Select**

Second Director Photo:

Third Director Information

Third Director's Name

[Third Director's Name]

Third Director Email

[Third Director Email]

Third Director Education *(School, Degree, Year)*

[Third Director Education (School, Degree, Year)]

Third Director Photo Upload:

[   ] **Select**

Third Director Photo:

Fourth Director Information

Fourth Director's Name

[Fourth Director's Name]

Fourth Director Email

[Fourth Director Email]

Fourth Director Education *(School, Degree, Year)*

[   ]
Fourth Director Education (School, Degree, Year)

Fourth Director Photo Upload:

[   ] [Select]

Fourth Director Photo:

Fifth Director Information

Fifth Director's Name

[Fifth Director's Name   ]

Fifth Director Email

[Fifth Director Email   ]

Fifth Director Education *(School, Degree, Year)*

[   ]
Fifth Director Education (School, Degree, Year)

Fifth Director Photo Upload:

[   ] [Select]

Fifth Director Photo:

Sixth Director Information

Sixth Director's Name

[Sixth Director's Name   ]

Sixth Director Email

[Sixth Director Email   ]

Sixth Director Education *(School, Degree, Year)*

[   ]
Sixth Director Education (School, Degree, Year)

Sixth Director Photo Upload:

[   ] [Select]

Sixth Director Photo:

Seventh Director Information

Seventh Director's Name

[Seventh Director's Name   ]

Seventh Director Email

[Seventh Director Email   ]

Seventh Director Education *(School, Degree, Year)*

[   ]
Seventh Director Education (School, Degree, Year)

Seventh Director Photo Upload:

[   ] [Select]

Seventh Director Photo:

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ATTENDEES

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CLINIC
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DINING AT MCCORMICK PLACE WEST
MAPS & DIRECTIONS
TRANSPORTATION TO THE MIDWEST CLINIC
PROMOTIONAL LETTER TO ADMINISTRATORS
OFFICIAL LETTER OF INVITATION FOR
ATTENDEES

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