

**APPLICATION FORM**  
**LONDON STRING QUARTET WEEK 2006**  
**MASTERCLASSES**  
**Wednesday 5<sup>th</sup>, Thursday 6<sup>th</sup> and Friday 7<sup>th</sup> April 2006**

**This form should be completed in BLOCK CAPITALS except for signature.**

**Please return by Friday 10<sup>th</sup> February 2006 with your cheque for £50 for each participating quartet to:** Ruth Wheal, General Manager, London String Quartet Foundation, 8 Woodlands Road, Romford RM1 4HD

Name of Quartet: \_\_\_\_\_

Name of school or college: \_\_\_\_\_

Name and permanent address for correspondence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Average musical standard of quartet: \_\_\_\_\_

Programme of work selected to perform at masterclass: \_\_\_\_\_

\_\_\_\_\_

Our quartet would like to take part in the following masterclasses (please mark in order of preference):

- \*Wednesday 5<sup>th</sup> April morning and afternoon (1 class in each session)**
- \*Thursday 6<sup>th</sup> April morning and afternoon (1 class in each session)**
- \*Friday 7<sup>th</sup> April morning and afternoon (1 class in each session)**
- We cannot attend any of the masterclasses but we would be interested in hearing more about the other activities during London String Quartet Week. Please send us full details.

Number of accompanying guests that wish to attend masterclasses or London String Quartet Week: \_\_\_\_\_

Signed (on behalf of the quartet): \_\_\_\_\_

Date: \_\_\_\_\_

Signed (on behalf of the School or College if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

**Please make cheques payable to London String Quartet Foundation**