



# KANSAS CITY SYMPHONY

## 2009-2010 MASTERCLASS PARTICIPANT NOMINATION FORM

### INSTRUCTOR INFORMATION

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Instructor Name \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

### NOMINATIONS

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Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Level (please circle) HS Undergrad Graduate Grade/Yr \_\_\_\_\_

Instrument \_\_\_\_\_ Private Instructor Signature \_\_\_\_\_

Piece \_\_\_\_\_ Movement \_\_\_\_\_ Composer \_\_\_\_\_

\*Ranking \_\_\_\_ \*\*Comments \_\_\_\_\_

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Level (please circle) HS Undergrad Graduate Grade/Yr \_\_\_\_\_

Instrument \_\_\_\_\_ Private Instructor Signature \_\_\_\_\_

Piece \_\_\_\_\_ Movement \_\_\_\_\_ Composer \_\_\_\_\_

\*Ranking \_\_\_\_ \*\*Comments \_\_\_\_\_

\* There is no limit to the number of students you can nominate. Reproduce this form as necessary for multiple nominations. Please rank nominees' ability on a scale of 1-4 as follows: 1 = upper 5% of your studio/ensemble; 2 = upper 10%; 3 = upper 25%; 4 = upper 50%. Space is very limited, as no more than 3-4 students from all nominations received will be accepted for most masterclasses. An audio recording must accompany each nomination, either CD or digital (MP3 format preferred). DVD and other video submissions are unacceptable. Compact discs will not be returned.

\*\* Please provide any additional information that may be useful to us in the selection process.

**Please return this form along with recordings to:**

Steven C. Murray, Education Manager

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Phone: 816-218-2639 • Fax: 816-329-1839 • Email: [smurray@kcsymphony.org](mailto:smurray@kcsymphony.org)