



The Sir James Galway Flute Festival

JUNE 26 – JULY 1, 2014
THE UNIVERSITY OF GEORGIA

APPLICATION FORM

► **Step 1: Tell us who you are.**

Last Name	First Name		
Street	City	State	Postal Code
Province/Country			
Birthday		Email	
Home Phone		Mobile Phone	
Name of guardian (if under the age of 18)			

► **Step 2: Select Your Registration Type.**

<input type="checkbox"/> Application Fee \$100	
Must be paid by all full-time participants at time of application.	
<input type="checkbox"/> Active Participant – Sir James's Class	\$800
Spaces limited. \$700 balance must be paid in full by June 12.	
<input type="checkbox"/> Active Participant – Lady Galway's Class	\$500
Unlimited spaces. \$400 balance must be paid in full by June 12.	
<input type="checkbox"/> Auditor	\$350
Unlimited spaces. \$250 balance must be paid in full by June 12.	
<input type="checkbox"/> Daily Auditor \$100/day	
Unlimited spaces. Charge per day.	
Arrival date	_____
Departure date	_____
Number of days	_____ X \$100/day

Application fee must be paid at time of application.

Application Fee

Registration Fee Balance

► Step 3: Reserve Your Hotel/M meal Package.

Application for the Hotel/M meal package at the University of Georgia Hotel and Conference Center must be received by May 30, 2014. Must be paid in full by June 12, 2014. Package prices include Georgia state sales tax.

All meals are included for full-time students from breakfast June 27 through breakfast July 2.

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Single room (one bed) and Meals (per person) | \$977 | _____ |
| <input type="checkbox"/> Additional person in Single Room (limit one) and meals | \$377 | _____ |
| <input type="checkbox"/> Double room (two beds) and Meals (per person) | \$767 | _____ |

Balance of registration fee and hotel/meal package to be paid by June 12:

I would like to share a room with _____

Dietary Restrictions

- | | | |
|--|--|--|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Dairy Allergy | <input type="checkbox"/> Gluten/Wheat Allergy or Sensitivity |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Nut Allergy | <input type="checkbox"/> Additional dietary restrictions: |
| <input type="checkbox"/> Abstain from Pork | <input type="checkbox"/> Shellfish Allergy | _____ |

Meals for Daily Auditors

Hotel and meals are not included in registration fee for daily auditors. You may purchase lunch and/or dinner until 10:00 a.m. daily at the Festival desk. Select below the meals you would like to purchase. Indicate dietary requirements above.

Date	Lunch	Dinner
June 27		
June 28		
June 29		
June 30		
July 1		

Lunch @ \$10 X _____ days _____

Dinner @ \$33 X _____ days _____

Meals Total _____

► Step 4: Give Us a Little More Information.

Short Biography

Tell us about yourself in approximately 200 words. Include current level of study/job, musical education/teachers, awards, etc.

T-Shirt. Included in registration fee.

- ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large

Have you performed at or attended any previous Galway Festivals?

- ☐ Yes ☐ No ☐ Active ☐ Auditor

Years: _____

For Sir James's Class Only.

List three pieces you would like to perform in order of preference. If you are accepted in Sir James' class, you cannot change this repertoire.

Composer	Title
1. _____	_____
2. _____	_____
3. _____	_____

List Three Video Links in an easy-to-use online video platform, e.g., YouTube, Vimeo. Must be with piano accompaniment. NO solo work or pre-recorded live concerts with orchestra are accepted! Must include three selections of music that demonstrate a diversity of styles.

1. _____
2. _____
3. _____

Scholarship

(Complete only if applying for scholarship)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I would like to apply for a scholarship.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Without a scholarship, I will be unable to attend the festival.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you have a regular job? If yes, how many hours per week?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you received Galway Festival awards/scholarships before? If yes, which ones?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Are you receiving any other funds or scholarships for the Galway Festival 2014? If yes, who is supporting you?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you own your own flute/head joint? If yes, which model/make? If no, who is the owner? How was it purchased?

► Step Five: Payment. Non-refundable \$100 application fee must be included with this form.

Credit Card No. _____ ► Exp. Date ____ / ____ ► CVV Code _____ ► Billing Zip Code _____

Please do not transmit credit card numbers via electronic correspondence. Call (706) 542-4400 to give your card number over the phone.

Agreement

I confirm that I have read and understood all festival information, that I have filled in all pages of the application form correctly, that the statements are true, and that I have paid the application fee of \$100 prior to sending the application form.

Signature (or guardian's signature)

Date

► Step Six: Send Your Application.

James Galway Flute Festival
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Athens, GA 30602

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Fax: 706-542-8867