



Manhattan School of Music

ENSEMBLE REFERRAL REGISTRATION FORM

Office of Career Development

Leader's Name (first) _____ (last) _____

Phone (_____) _____ Email _____

Street Address / Apt # _____

City / State / Zip _____

Group Name (if applicable) _____

Ensemble Type:

- Woodwind Quintet String Trio Jazz Instrumental Trio
- Woodwind Trio String Quartet Jazz Instrumental Quartet
- Brass Quartet String Quintet Jazz Group w/ Vocals
- Brass Quintet Chamber Orchestra Big Band
- Percussion Ensemble Vocal Group Other (specify: _____)

Does your ensemble have a portable keyboard available? Yes No

Do you have a demo CD available? Yes No

Do you have a car? Yes No

Ensemble Personnel (continue on back, if necessary):

<u>NAME</u>	<u>INSTRUMENT OR VOICE TYPE</u>	<u>CURRENT STATUS</u>
(Leader) _____	_____	<input type="radio"/> Alum <input type="radio"/> BM <input type="radio"/> MM <input type="radio"/> DMA/PS <input type="radio"/> Non-MSM
_____	_____	<input type="radio"/> Alum <input type="radio"/> BM <input type="radio"/> MM <input type="radio"/> DMA/PS <input type="radio"/> Non-MSM
_____	_____	<input type="radio"/> Alum <input type="radio"/> BM <input type="radio"/> MM <input type="radio"/> DMA/PS <input type="radio"/> Non-MSM
_____	_____	<input type="radio"/> Alum <input type="radio"/> BM <input type="radio"/> MM <input type="radio"/> DMA/PS <input type="radio"/> Non-MSM
_____	_____	<input type="radio"/> Alum <input type="radio"/> BM <input type="radio"/> MM <input type="radio"/> DMA/PS <input type="radio"/> Non-MSM
_____	_____	<input type="radio"/> Alum <input type="radio"/> BM <input type="radio"/> MM <input type="radio"/> DMA/PS <input type="radio"/> Non-MSM
_____	_____	<input type="radio"/> Alum <input type="radio"/> BM <input type="radio"/> MM <input type="radio"/> DMA/PS <input type="radio"/> Non-MSM
_____	_____	<input type="radio"/> Alum <input type="radio"/> BM <input type="radio"/> MM <input type="radio"/> DMA/PS <input type="radio"/> Non-MSM
_____	_____	<input type="radio"/> Alum <input type="radio"/> BM <input type="radio"/> MM <input type="radio"/> DMA/PS <input type="radio"/> Non-MSM

Summary of available repertoire _____

Specialties (Klezmer/Jewish, Salsa/Latin, strolling, etc.) _____

CONTACT INFORMATION RELEASE STATEMENT

*I agree to the release of my name and phone number to any individual seeking to hire musicians.
I also understand that I am obliged to contact the Office of Career Development whenever
I accept employment through the Manhattan School of Music Career Development Musician Referral Service.*

Signature _____ Date _____

To complete your registration, return this form along **with an ensemble bio** and a short demo (if available) to:
 Office of Career Development, Room 015, Manhattan School of Music,
 120 Claremont Avenue, New York, New York 10027.
Registration forms without supporting materials will not be accepted. Thank you for your cooperation.