

Chamber Music America

RESIDENCY PARTNERSHIP PROGRAM: CONFIRMED SCHEDULE OF ACTIVITIES

Grantee Name	Authorized Contact Person
Street	City/State/Zip
Phone	Email
Residency Type <input type="checkbox"/> Short-term (3-9 activities) <input type="checkbox"/> Extended (10 or more activities)	

Please list your confirmed activities individually. Attach copies of this page, if needed.

	DATE	ACTIVITY Example: clinic, workshop, coaching, master-class, lecture/demo, etc.	COMMUNITY PARTNER	VENUE/CITY/STATE	AUDIENCE Example: students (include grade level), seniors, hospital patients, etc.	#ENSEMBLE PARTICIPANTS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Authorized Contact Signature	Date
------------------------------	------