

2026 Ishikawa Music Academy Master Class Application Form

No. _____

Master Class	<input type="checkbox"/> Violin <input type="checkbox"/> Cello <input type="checkbox"/> Piano
Name	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle In Chinese characters, if any. </div>
Date of Birth	Month: Day: Year: (Age:)
Country of Birth	Country of Birth: Country of Citizenship: Country of Issuing Passport:
Name of Guardian	(Required if applicant is under the age of 13.)
Current Address	<div style="display: flex; justify-content: space-between;"> Tel: _____ Fax: _____ </div>
Permanent Address (if different from above)	<div style="display: flex; justify-content: space-between;"> Tel: _____ Fax: _____ </div>
E-mail Address	_____
Address to be sent to	<input type="checkbox"/> Current Address <input type="checkbox"/> Permanent Address
Current or Last School Attended	Name of School: _____ Grade in School: _____ Year of Graduation: _____ Major: _____
Occupation (If you have any)	_____
Current Teacher or Previous Teacher	_____
Music History (Profile)	_____
Major Prizes/Awards Competitions/Scholarship	_____
Pieces to Perform: 1. _____ (mov.) Composer: _____ <input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied 2. _____ (mov.) Composer: _____ <input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied 3. _____ (mov.) Composer: _____ <input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied	

Other considerations please include here