

2023 KLEIN COMPETITION APPLICATION PREVIEW

FOR PREVIEW ONLY - DO NOT SUBMIT

Questions marked with * are required; the two demographic questions are optional

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First name of the applicant, not the person submitting for them.

Last Name*

Last name of the applicant, not the person submitting for them.

Primary Email*

Email is our primary form of contact. Please provide an accurate email address that you will check frequently.

Primary Phone*

This will be the phone number we can reliably reach you at. It's generally best to give us your cell number. Please include any international dialing prefixes.

Birth Month*

Select...(dropdown menu will appear)

You must have been born: on/after June 5, 1999 (no more than 23 years of age) or on/before June 3, 2008 (no less than 15 years of age) to be eligible to apply. If not, please do not continue with this application.

Birth Dav*

Select...(dropdown menu will appear)

Birth Year*

Select...(dropdown menu will appear)

Proof of Age*

Please upload a passport, drivers license or ID with birthdate. This is to ensure that you meet the age qualifications. Upload a file. No files have been attached yet. Acceptable file types: .pdf, .doc, .docx, .txt, .rtf, .wpf, .odt, .wpd, .jpg, .jpeg, .gif, .tif, .tiff, .png, .svg

Country of Birth*

Select...(dropdown menu will appear)

Optional: I identify as

☐ African American / Black	☐ American Indian / Alaska Native ☐	☐ Hispanic / Latinx
☐ Middle Eastern / North Africa	n 🗆 Native Hawaiian / Pacific Island	der 🗆 White / Caucasian
☐ Prefer to self-identify		
Select all that apply. Responses to	this demographic question are optional, and w	ill be kept anonymous, private and se

Select all that apply. Responses to this demographic question are optional, and will be kept anonymous, private and secure. Survey data will be aggregated and used for statistical reporting only. The information will not be used for a discriminatory purpose.

Optional: I iden ☐ Female ☐ Prefer to self-	☐ Male		/ non-conforming ☐ Prefer not to say	☐ Transgender	
Select all that app	oly. Responses to		c question are optional, and ical reporting only. The info		
Instrument*					
O VIOLIN	O VIOLA	© CELLO			
-			on will not be considered co d yet. Acceptable file types:		
	-	nformation in the	description fields for each p	piece you are submitting.	
Track 1 – Compos Track 1 – Title of V Track 1 – Moveme	Work			(2)	
Track 1 – Clock Ti	ming (from whe	n to when on the	audio file)		
Track 2 – Compos Track 2 – Title of V	Work				
Track 2 – Movemo		n to when on the	audio file)		
Track 3 – Compos	or				
Track 3 – Compos					
Track 3 – Movemo					
Track 3 – Clock Ti	ming (from whei	n to when on the	audio file)		
I currently live i	n:*				
Tell us what CITY/	STATE or PROVI	NCE and COUNTR	Y you currently live in and/	or study in.	
Current or Lates	st School Name	x City and Coun	trv*		
If you've recently			_		
Current or Most	t Recent Teach	er Name*			
Teacher Affiliati	ion/School and	l Citv*			
			t affiliated with a school).		
Teacher Email*					
I will pay the \$1	25 application	fee bv:*			
© Credit card		Money ord	er		
Diagra watch for	a confirmation a	مراءما طواطيي	los important information r	convirad to complete veur	application for

Please watch for a confirmation email, which includes important information required to complete your application fee payment. Application will not be considered complete until application fee is received. Contact us at info@californiamusiccenter.org if you have not received it. Thank you!

Save Draft Submit Form