

Ohio String Teachers Association
Application for:
Clinician – On – The- Go Program

Name: _____ Instrument: _____

Address: _____

Phone: Home: _____ Cell: _____

e-mail: _____

What services can you provide the OSTA Clinician – On – The – Go Program

- | | |
|---|---|
| <input type="checkbox"/> Sectional Rehearsals | <input type="checkbox"/> Large Ensemble Clinics |
| <input type="checkbox"/> Large Ensemble Evaluation | <input type="checkbox"/> Chamber Music Coaching |
| <input type="checkbox"/> Auditions or Solo Coaching | <input type="checkbox"/> _____
(other, please explain) |

Experience in the areas listed above: (attach a separate sheet as needed and/or your resume)

List two people who know your work can speak to your expertise and their contact information

	Reference #1	Reference #2
Address		
Phone(s)	H: W: C:	H: W: C:
e-mail		
Capacity in which you know this person		

Please return this form and any accompanying documentation to:

Kathleen Horvath
3955 Orchard Road
Cleveland, OH 44121
kah24@case.edu