

VIDEO GAME SOUND AND MUSIC WORKSHOP APPLICATION

Please type or print clearly.

Name _____ Preferred first name _____
last first m.i.

International students must write their name as it appears on their passport.

Date of birth _____ Male Female U.S. Social Security number (if applicable) _____
month/day/year

Address _____
City State ZIP Country

Telephone number _____ Fax number _____ Email address (required) _____

Note: Telephone and fax numbers must include an area code. A country code is required for numbers outside the U.S.

Are you a citizen or permanent resident of the United States? yes no

If no, please include your country of citizenship and your country of birth.
Country of citizenship Country of birth

Are you Hispanic/Latino? (optional) yes no

Mark one or more ethnic group you belong to (optional):

American/Alaskan Native Asian Black or African American Hawaiian/Pacific Islander White

I first heard about the program from (please name source): _____

It is not required that you play an instrument to participate in Video Game Sound and Music Workshop. However, if you do, please choose your instrument from the options below. Choose one:

Guitar Piano (acoustic) Bass (acoustic) Electric Bass Drum Set Vibraphone Hand Percussion
 Marimba Soprano Saxophone Alto Saxophone Tenor Saxophone Baritone Saxophone Flute Clarinet
 Oboe Bassoon Trumpet Trombone French Horn Tuba Baritone Horn
 Voice Violin Viola Cello Harp Banjo Mandolin
 Other (please specify) _____

I understand that classes are taught in English, and (choose one):

English is my primary language. English is my secondary language, but I am proficient in English.

Parent/Guardian Information

Name _____
last first m.i.

Address (if different from applicant) _____
City State ZIP Country

Telephone number _____ Email address _____ Occupation (describe briefly) _____

Signature (required) _____ Date _____

Payment of Fees

Applications must be accompanied by a \$50 nonrefundable processing fee. (Please note: This is not a prepayment toward your tuition.) Checks should be made payable to Berklee College of Music, or you may authorize that the \$50 application fee be charged to your credit card.

Check enclosed MasterCard Visa Account number _____ Expiration date _____

Print name (as it appears on card) _____ Signature _____ Date _____