



ASSOCIATED  
CHAMBER  
MUSIC  
PLAYERS

## Application

Name of applicant: \_\_\_\_\_

Name of ensemble (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Duration ensemble has been playing together:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of additional ensemble members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Concert Venue: \_\_\_\_\_

Concert Date: \_\_\_\_\_

Address of Concert Venue: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

(Please note, it is the responsibility of the ensemble to ensure that any insurance requirements of the venue are met by the ensemble. ACMP is not responsible for and does not provide liability insurance for concerts.)

Rental cost of venue: \_\_\_\_\_

Amount requested from ACMP for venue costs (maximum \$75): \_\_\_\_\_

Amount requested for snacks (maximum \$25): \_\_\_\_\_

Total request (for one concert only) \_\_\_\_\_

Approximate length of concert and repertory or examples of repertory:

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Comments:

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Please submit this form via e-mail to [jclarke@acmp.net](mailto:jclarke@acmp.net) at least one month before your concert.