



# *Minaret* **CHAMBER MUSIC** *Workshop*

**June 10-15, 2012**



*The University Of*  
**T A M P A**

*The Minaret* **CHAMBER MUSIC** *Workshop*  
*With an Internationally-Distinguished Faculty of Artists*

**Strings:** *Lei Liu*  
*Lowell Adams • Nancy Chang*

**Piano:** *Grigorios Zamparas*

Directed by the *Trio de Minaret*, the piano trio in residence at the University of Tampa, this workshop offers a unique growth experience for students of stringed instruments and piano. Eligible students are those entering grades 7 to 12 in the fall of 2012. The comprehensive 6-day program includes:

- *master classes* - chamber groups, such as piano trios, string trios, quartets, quintets, etc.
- *coaching* - solo violin, viola, cello & piano
- *rehearsals* - chamber ensembles and choir
- *performances* - solo and chamber music by students and faculty

**Grand Finale Concert**

*Friday evening at 7:30 pm*



**website:** ut.edu  
**keyword:** summer  
camps

*Minaret* **CHAMBER MUSIC** *Workshop*  
June 10-June 15, 2012 - The University of Tampa



**REGISTRATION FORM**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

School /Grade \_\_\_\_\_ Instrument \_\_\_\_\_ Teacher \_\_\_\_\_

**Check one below:**

- Commuter - \$299 (includes tuition, all study materials, T-shirt, recording)
- Resident - \$435 (includes 5 nights in UT supervised housing and meals, tuition, all study materials, T-shirt, recording)

**Gender** (circle):      Male                  Female                  **T-shirt size** (circle):    S    M    L    XL    XXL    XXXL

**Doctor's Name** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_ *Please enclose photocopy of Medical Insurance card*

**HOLD HARMLESS AGREEMENT**

In consideration of permitting me to participate in the **Minaret CHAMBER MUSIC Workshop, beginning at 6:30 pm on June 10<sup>th</sup> and ending at 9:00 pm on June 15<sup>th</sup>, 2012**, I will indemnify and hold the University of Tampa, its employees and agents, harmless from any claims, losses, damages, expenditures, liabilities, or charges of any kind or nature whatsoever, arising or alleged to have arisen out of any act, action, neglect, or omission by the University of Tampa, its employees or its agents, during or arising out of my participation in the event(s) listed below, except from and against all losses, damages, expenses, etc., as set forth herein above arising out of the sole negligence of the University of Tampa, its employees or its agents. **I agree to participate in all rehearsals, the performance, and all other activities** associated with the **Minaret CHAMBER MUSIC Workshop**, follow all University Policies, and will conduct myself professionally at all times. I understand that personal misconduct or absence from any event may result in my dismissal. In such a case, my parents will be notified, and I will arrange with them for my immediate transportation home.

Participant's Printed Name \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

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

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

**PAYMENT METHOD for *Minaret* CHAMBER MUSIC Workshop 2012 (Check One):**

- Payment by Check - (Payable to **The University of Tampa**) Check # \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_
- Credit Card Payment - *The University of Tampa accepts Visa or MasterCard*

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Print Name of Card Holder \_\_\_\_\_ Signature of Card Holder \_\_\_\_\_

Billing Address \_\_\_\_\_

Telephone - Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

**MAIL OR FAX TO:**

**Dr. Grigorios Zamparas**  
**401 W. Kennedy Blvd.**  
**Box 92F**  
**Tampa, FL 33606**  
**813-257-3376 phone**  
**813-258-7241 fax**

**DUE DATE:**

*Registration Form & Fee*  
*Postmarked By*

**Tuesday, May 15, 2012**