

Chopin Foundation of the United States, Inc.
Young Pianists CHOPIN for All Concert
Teacher Recommendation Form

All fields are required.

Date _____

Teacher _____

Address _____

Phone _____ email _____

Student 1 / Student 2 (circle one):

Name _____ date of birth _____

Address _____

Phone _____

Email (if applicable) _____

Parents' name(s) _____

Phone _____

Email _____

School name (Academic) _____

Mailing Address _____

Name of school principal _____

Phone _____

Name(s) of piece(s) to be performed and its/their length (max 10 min total per student):

_____ Length: _____

_____ Length: _____

A head shot photograph suitable for a concert program - high resolution (300 dpi , in jpeg form preferred), must be included for each recommended student.

Please complete this form (copy if needed for second student). Save or scan the form and email it back, **along with student's photo**, to: info@chopin.org

Please visit the website or call 305-868-0624 for more information or if you have any questions.