

Date Received \_\_\_\_\_



# Indian Hill Music Youth Orchestra Fall 2018 Audition Application

Indian Hill Music School P.O Box 1484, Littleton, MA 01460 Tel. (978) 486-9524 Fax (978) 486-9844

This form is not valid unless accompanied by the audition fee. If you plan to pay by Credit Card:

1) register online at tinyurl.com/IHMYouthOrch, OR 2) bring this form and make payment at IHM

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_  
 School (as of September 2018): \_\_\_\_\_ Grade: \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Circle One: Mother /Father /Guardian Cell # \_\_\_\_\_  
 Work # \_\_\_\_\_ Email \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Circle One: Mother /Father /Guardian Cell # \_\_\_\_\_  
 Work # \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 (Name) (Relationship) (Phone)

List student's allergies, special needs, physical limitations, or medical issues: [ ] None

Indian Hill is required to maintain records for reporting to state and federal funding agencies. Please check one:

( ) Caucasian ( ) African-American ( ) Asian-American ( ) Native-American ( ) Hispanic ( ) Other \_\_\_\_\_

*Indian Hill Music does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, citizenship, ancestry, age, mental or physical disability, veteran status, or any other category protected under applicable law in its admissions, education programs, activities, or employment policies.*

Instrument \_\_\_\_\_ Number of years of lessons \_\_\_\_\_  
 Do you play any other instruments? Please list \_\_\_\_\_  
 Private teacher name \_\_\_\_\_  
 Private teacher phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 School Music Teacher Name \_\_\_\_\_  
 IHMYO Members Current Ensemble: \_\_\_Chamber Strings \_\_\_Camerata \_\_\_Sinfonia  
 List any orchestra/ensemble experience \_\_\_\_\_

**SCHEDULE PREFERENCES: Please indicate times you are available on Tues, November 8, 2018 --**

**Pick Audition Time:** \_\_\_ (4:00-5:00pm) \_\_\_ (5:00-6:00pm)

**Please indicate any schedule preferences for your audition date:** \_\_\_\_\_

**AUDITION REPERTORY: Composer/Title Piece #1** \_\_\_\_\_

**Composer/Title Piece #2** \_\_\_\_\_

**Parent Authorization** – In signing, I give permission for my child to audition for IHMYO.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Teacher Authorization** – In signing, I am recommending that my student audition for IHMYO.

Private Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

School Music Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT:** A \$25 audition fee must accompany this form.

[ ] Cash [ ] Check: No. \_\_\_\_\_ Credit Card: Present your card in person with this form.

Family Name

**For Office Use Only**

AC/CH: \_\_\_\_\_ Paid: \_\_\_\_\_ EmConf: \_\_\_\_\_ QB: \_\_\_\_\_ TS \_\_\_\_\_ Aud \_\_\_\_\_