

Date Received _____

indian hill music
youth orchestra

Indian Hill Music Youth Orchestra Spring 2017 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 payment. Classes/Ensembles are non-refundable unless cancelled by Indian Hill Music.

() New Student HOW DID YOU HEAR ABOUT US? _____

() Current IHM Youth Orchestra Student () Current Indian Hill Student

Student Name _____ Date of Birth _____ Male/Female _____

School (as of September 2016): _____ 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)

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 _____

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 _____

List any orchestra/ensemble experience _____

SCHEDULE PREFERENCES: Please indicate 1st and 2nd choices

Pick 2017 Audition Date: ___ Wed, Apr 12 (6-8 pm) ___ Tue, Apr 25 (5:30-6:30 pm) ___ Wed, Apr 26 (7-8:30 pm)

___ Tue, May 30 (4:30-7:30) ___ Wed, May 31 (4:30-7:30)

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. _____ [] Master Card [] Visa [] Discover

Credit Card # _____ Exp. _____

Name on Card: _____ Signature: _____

For Office Use Only
AC/CH: _____ Paid: _____ EmConf: _____ QB: _____ TS _____ Aud _____