

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.

Family Name

Student Name _____ Date of Birth _____ Male/Female _____

School (as of September 2017): _____ 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 _____ Current IHMYO Ensemble: ___Chamber Strings ___Camerata ___Sinfonia

Private Lesson Teacher Name _____

Phone (_____) _____ Email _____

Parent Authorization – In signing, I give permission for my child to participate in IHMYO. I agree to abide by the Policies and Procedures of IHMYO as stated in print or on the IHM website.

Signature _____ Date _____

I will be staying in my current IHMYO Ensemble (skip to *payment information* below)

I would like to audition to move up in IHMYO (Fill out Audition details below)

Audition Scheduling:

Pick Audition Date: ___Tues, May 22, 2018 Check all available times: ___4:00-5:00 pm ___5:00-6:00 pm

___Tues, May 29, 2018 Check all available times: ___4:00-5:00 pm ___5:00-6:00 pm

___Wed, May 30, 2018 Check all available times: ___5:00-6:00 pm ___6:00-7:00 pm ___7:00-8:00 pm

Please list any preferences for scheduling your audition: _____

AUDITION REPERTORY: Composer/Title Piece #1 _____

Composer/Title Piece #2 _____

Payment Information TUTION: Chamber Strings: \$395 Camerata: \$550 Sinfonia: \$550

If auditioning please pay \$25, OR pay tuition in full to remain in your current ensemble.

PAYMENT ENCLOSED: TOTAL \$ _____

[] 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 _____