



# Indian Hill Music Youth Wind Ensemble Audition Application – Spring 2019

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. Auditions are non-refundable unless cancelled by Indian Hill Music.

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

Family Name

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** \_\_\_\_\_ (percussion students please list two instruments: snare, mallets, and/or timpani)  
 # of years of lessons \_\_\_\_\_ Do you play any other instruments? Please list \_\_\_\_\_  
 Private teacher name \_\_\_\_\_  
 Private teacher email \_\_\_\_\_  
 School Music Teacher Name \_\_\_\_\_  
 List any band/ensemble experience \_\_\_\_\_

**SCHEDULE PREFERENCES: Please indicate all available times on your selected date:**

\_\_\_ THU MAY 30 - Audition Time: \_\_\_ 4:00-5:00 pm \_\_\_ 5:00-6:00 pm  
 \_\_\_ THU JUNE 6 - Audition Time: \_\_\_ 4:00-5:00 pm \_\_\_ 5:00-6:00 pm

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 the IHM Youth Wind Ensemble.

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

**Teacher Authorization** – In signing, I am recommending that my student audition for the IHM Youth Wind Ensemble.

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

**For Office Use Only**

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