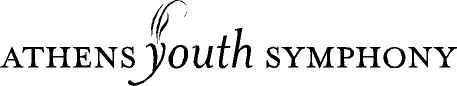
P.O. Box 415 Email: director@athensyouthsymphony.org



Athens, GA 30603-0415 Website: [www.athensyouthsymphony.org](http://www.athensyouthsymphony.org)

Facebook: www.facebook.com/athensyouthsymphony

Voice Mail: 706.543.1907

# Audition Application

*Applications must be postmarked by September 2, 2014.*

***Application Fee: $90 postmarked by August 1, 2014: $100 after August 1st.***

*$65 of application fee will be applied to annual tuition amount of $410 or refunded to any applicant not accepted for membership – this amount is not refundable to anyone offered a seat.*

*Tuition balance of $345 is due by the first rehearsal - (September 14, 2014).*

**Athens Youth Symphony audition requirements:** solo of applicant’s choice, required orchestral excerpts (available on website by July 1), and 9/10 grade level All-State scales (chromatic scale for winds and brass).

**Rehearsals on Sunday afternoons from 2:00 - 4:30**

### **Concert dates (subject to change) December 7, 2014 and May 17, 2015 at Hugh Hodgson Hall**

Please Print legibly or Type

Name: Date of Birth: Grade Fall 2014:

Address: City/State: Zip:

Phone: Concert Strings, Philharmonia or AYS Previously:

Email:

Instrument: Years studied: Secondary Instrument:

Parent/Guardian:

Father’s Name: Day Phone:

Email:

Mother’s Name: Day Phone:

Email

Name of School (Fall 2014): County:

\*School Band/Orchestra Director: Phone:

Email:

\*Private Teacher: Time studied with this teacher:

Address: City/State: Zip:

Phone: Email:

\* Not necessary for participation but highly encouraged.

***Once the musician takes his/her seat in the orchestra the tuition becomes non-refundable****.*

*Partial Financial Aid (Scholarships) may be available on a limited basis for musicians lacking funds.*

*Extended Payment Terms can also be arranged.*

*These requests MUST be submitted to the Board of Directors (attn: Scott Collins) no later than September 8, 2014.*

*Email* [*President@AthensYouthSymphony.org*](mailto:President@AthensYouthSymphony.org)

Student name:

How did you hear about AYS?

Emergency Contact Number:

Person to call in case of **unexcused** absence; Name:

Phone Number:

By signing this Audition Application you are granting permission for your student to be included in Publicity and Promotional Materials and also in Roster Materials issued by the Athens Youth Symphony, Inc. If you do not want your student to be included then you must submit that request in writing to the President of the Athens Youth Symphony.

***List Musical Experience***

***Your application must be signed to be complete***

Applicant’s Signature Parent’s Signature Date

***Audition information will be mailed, starting August 15, 2014, upon receipt of completed application and required fee. Applications will not be processed without the fee!***

***Mail application with money order or check payable to AYS to:***

***AYS P.O. Box 415 Athens, GA 30603-0415***

## For office use

Date Received: Check #: Information Mailed: Audition Date/Time: /