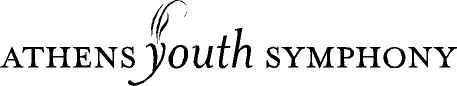
P.O. Box 415 Email: director@athensyouthsymphony.org



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

Facebook: www.facebook.com/athensyouthsymphony

Voice Mail: 706.543.1907

# Philharmonia Audition Application(strings only)

*Applications must be postmarked by September 24, 2014.*

***Application Fee: $100***

*$65 of application fee will be applied to annual tuition amount of $250 or refunded to any applicant not accepted for membership – this amount is not refundable to anyone offered a seat.*

*Tuition balance of $185 is due by the first rehearsal - (October 5, 2014).*

**Placement Audition Date – Sunday, September 28, 2014 – First Presbyterian Church**

**Philharmonia audition requirements: solo of choice and 2 or 3 octave scale, possible sight-reading.**

**Rehearsals on Sunday afternoons from 2:00 – 3:10**

### **Concert dates (subject to change) December 2014 (time,date and place TBA) 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:

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 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 Oct. 1, 2014.*

*Email President@AthensYouthSymphony.org*

Student name:

How did you hear about Philharmonia?

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

***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: /