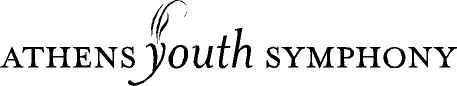
P.O. Box 415 Email: [director@athensyouthsymphony.org](mailto:director@athensyouthsymphony.org)



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

Facebook: [www.facebook.com/athensyouthsymphony](http://www.facebook.com/athensyouthsymphony%20)

Voice Mail: 706.543.1907

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# Philharmonia Application

***The normal application fee is waived this semester only.***

*Applications must be postmarked by January 20, 2017.*

*Philharmonia Fee:* ***$90***

***A deposit of $30 must accompany this application and will be applied to the fee of $90.***

**First Rehearsal – Sunday, January 29, 2017 – First Presbyterian Church**

**Rehearsals on Sunday afternoons 2:00 - 3:15**

**First Presbyterian Church in Athens**

**$60 tuition balance due at first rehearsal - January 29, 2017**

### **Concert date (subject to change) April 30, 2017 at Hugh Hodgson Hall**

Please Print or Type

Name: Date of Birth: Grade Fall 2016:

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 2016): 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.*

*Requests MUST be submitted to the Board of Directors (attn: Scott Collins) by the first rehearsal on January 29.*

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

Student name:

Number of years you have studied music:

How did you hear about AYS/Philharmonia? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number (parent/guardian):

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***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**Music Teacher Reference Form**

**We are not holding auditions for Philharmonia this semester. Please answer the following questions to assist with placement.**

Would this student be a good fit for participation in Philharmonia?

1. Good note reading skills on all strings? Yes\_\_\_\_ No \_\_\_\_\_
2. Shifting capabilities (beyond first position)? Yes\_\_\_\_\_ No \_\_\_\_\_
3. Experience playing in keys other than D, G and C? Yes\_\_\_\_\_ No\_\_\_\_\_
4. Instrument tuning capabilities? Yes\_\_\_\_\_ No \_\_\_\_\_

Please email Sarah Parido if you have any additional feedback you would like to pass along.

[paridos@clarke.k12.ga.us](mailto:paridos@clarke.k12.ga.us)

Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Parent’s Signature Date

***Applications will not be processed without the $30 deposit fee, a completed teacher reference form, music teacher signature and parent signature.***

***Mail application with money order or check for $30 deposit payable to AYS to:***

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

## For office use

Date Received: Check #: Information Mailed: