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

 Voice Mail: 706.543.1907

# Philharmonia Application

*Applications must be postmarked by January 22, 2019.*

*Philharmonia Spring Tuition Fee:* ***$90***

***An application fee of $40 must accompany this application if you are joining mid-year.***

***$20.00 of the application fee will be applied to the tuition fee of $90.***

**First Rehearsal – Sunday, January 27, 2019 – Athens Academy**

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

**Athens Academy Campus**

**Harrison Center for Arts and Preschool – orchestra room**

**Tuition balance due at first rehearsal – January 27, 2019**

### **Concert date (subject to change)**

### **Sunday, April 7, 2019 at UGA Performing Arts Center**

Please Print or Type

Name: Date of Birth: Grade Fall 2018:

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 2018): 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 27.*

*Email* *President@athensyouthsymphony.org*

Student name:

Number of years you have studied music:

How did you hear about 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**

**Please answer the following questions to assist with placement.**

**Seating auditions will be held at a later date.**

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

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

Applicant’s Signature Parent’s Signature Date

***New Applications will not be processed without the $40 application fee, a completed teacher reference form, music teacher signature and parent signature.***

***Mail application with money order or check for $40 payable to AYS to:***

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

## For office use

Date Received: Check #: Information Mailed: