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

# 

# Philharmonia mid-term Application

*Applications must be postmarked by February 7, 2022. Application Fee:* ***$35*** *(Non-refundable*) **This application is for new members only-returning members from fall 2021 need not re-apply.**

**Rehearsals on Sunday afternoons at Athens Academy from 2:00 – 3:15.**

**Spring semester tuition of $120.00 due by first rehearsal – February 13**

### **Concert date (subject to change) May 15**

Please Print or Type

Name: Date of Birth: Grade Fall 2021:

Address: City/State: Zip:

Phone: Philharmonia 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 2021): 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 request MUST be submitted to the Board of Directors (attn: Scott Collins) no later than February 13.*

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

sparido@athensacademy.org

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

Applicant’s Signature Parent’s Signature Date

***Applications will not be processed without the $35 application fee, a completed teacher reference form, music teacher signature and parent signature.***

***Mail application with money order or check for $35 payable to AYS to:***

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

## For office use

Date Received: Check #: Information Mailed: