



# Indian Hill Music Youth Orchestra Spring 2018 Audition Application – New Students

Indian Hill Music School P.O Box 1484, Littleton, MA 01460 Tel. (978) 486-9524 Fax (978) 486-9844

This form is not valid unless accompanied by payment. Classes/Ensembles are non-refundable unless cancelled by Indian Hill Music.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_  
 School (as of September 2017): \_\_\_\_\_ Grade: \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Circle One: Mother /Father /Guardian Cell # \_\_\_\_\_  
 Work # \_\_\_\_\_ Email \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Circle One: Mother /Father /Guardian Cell # \_\_\_\_\_  
 Work # \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 (Name) (Relationship) (Phone)  
 List student's allergies, special needs, physical limitations, or medical issues: [ ] None

Family Name

Indian Hill is required to maintain records for reporting to state and federal funding agencies. Please check one:  
( ) Caucasian ( ) African-American ( ) Asian-American ( ) Native-American ( ) Hispanic ( ) Other \_\_\_\_\_

Indian Hill Music does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, citizenship, ancestry, age, mental or physical disability, veteran status, or any other category protected under applicable law in its admissions, education programs, activities, or employment policies.

Instrument \_\_\_\_\_ Number of years of lessons \_\_\_\_\_  
 Do you play any other instruments? Please list \_\_\_\_\_  
 Private teacher name \_\_\_\_\_  
 Private teacher phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 School Music Teacher Name \_\_\_\_\_  
 IHMYO Members: Current Ensemble \_\_\_\_\_ Chamber Strings \_\_\_\_\_ Camerata \_\_\_\_\_ Sinfonia \_\_\_\_\_  
 List any orchestra/ensemble experience \_\_\_\_\_

### AUDITION SCHEDULE PREFERENCES:

**Pick Audition Date:** \_\_\_\_\_ Mon, June 4, 2018 Check all available times: \_\_\_\_\_ 4:00-5:00 pm \_\_\_\_\_ 5:00-6:00 pm \_\_\_\_\_ 6:00-7:00 pm  
 \_\_\_\_\_ Mon, June 11, 2018 Check all available times: \_\_\_\_\_ 4:00-5:00 pm \_\_\_\_\_ 5:00-6:00 pm \_\_\_\_\_ 6:00-7:00 pm

Please indicate any schedule preferences for your audition date: \_\_\_\_\_

**AUDITION REPERTORY:** Composer/Title Piece #1 \_\_\_\_\_  
 Composer/Title Piece #2 \_\_\_\_\_

**Parent Authorization** – In signing, I give permission for my child to audition for IHMYO. I also confirm that my child's Private Lesson Teacher or School Music Teacher recommends him/her for membership in IHMYO.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT:** A \$25 audition fee must accompany this form.

[ ] Cash [ ] Check: No. \_\_\_\_\_ [ ] Master Card [ ] Visa [ ] Discover

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**For Office Use Only**

AC/CH: \_\_\_\_\_ Paid: \_\_\_\_\_ EmConf: \_\_\_\_\_ QB: \_\_\_\_\_ TS \_\_\_\_\_ And \_\_\_\_\_