

Date Received _____



Indian Hill Music Youth Orchestra November 7, 2017 Audition Application

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 _____

SCHEDULE PREFERENCES: Please indicate 1st and 2nd choices on Tues, November 7, 2017 --

Pick Audition Time: ___ (5:00-6:00pm) ___ (6:00-7:00pm)

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.

Signature _____ Date _____

Teacher Authorization – In signing, I am recommending that my student audition for IHMYO.

Private Teacher Signature _____ Date _____

School Music Teacher Signature _____ Date _____

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

[] Cash [] Check: No. _____ [] Master Card [] Visa [] Discover

Name on Card: _____ Signature: _____

Credit Card # _____ Exp. _____

For Office Use Only
AC/CH: _____ Paid: _____ EmConf: _____ QB: _____ TS _____ Aud _____