

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. If you plan to pay by Credit Card:

1) register online at tinyurl.com/IHMYouthOrch, OR 2) bring this form and make payment at IHM

Classes/Ensembles are non-refundable unless cancelled by Indian Hill Music.

Student Name _____ Date of Birth _____ Male/Female _____

School (as of September 2018): _____ 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

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 _____ Current IHMYO Ensemble: ___Chamber Strings ___Camerata ___Sinfonia

Private Lesson Teacher Name _____

Phone (____) _____ Email _____

Parent Authorization – In signing, I give permission for my child to participate in IHMYO. I agree to abide by the Policies and Procedures of IHMYO as stated in print or on the IHM website.

Signature _____ Date _____

I will be staying in my current IHMYO Ensemble (skip to *payment information* below)

I would like to audition to move up in IHMYO (Fill out Audition details below)

Audition Scheduling:

Pick Audition Date and Times:

____ Thu, May 23, 2019 Check all available times: ___4:00-5:00 pm ___5:00-6:00 pm ___6:00-7:00 pm ___7:00-8:00 pm

____ Thu, May 30, 2019 Check all available times: ___4:00-5:00 pm ___5:00-6:00 pm ___6:00-7:00 pm ___7:00-8:00 pm

Please list any preferences for scheduling your audition: _____

AUDITION REPERTORY: Composer/Title Piece #1 _____

Composer/Title Piece #2 _____

Payment Information **TUITION:** Chamber Strings: \$395 Camerata: \$550 Sinfonia: \$550

➔ If auditioning please pay \$25, **OR** pay tuition in full to remain in your current ensemble.

PAYMENT ENCLOSED: TOTAL \$ _____

[] Cash [] Check: No. _____ Credit Card: Present your card in person with this form

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