

# Indian Hill Music Youth Orchestra 2017/2018 Re-Enrollment/Optional Audition Form

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.

Family Name

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

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 Preferences below)

### Audition Preferences: Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices

Pick Audition Date: \_\_\_\_\_ Mon Aug 28 (5:00-7:30pm) \_\_\_\_\_ Thurs Sept 7 (4:00-6:00pm)

Schedule preferences for your audition date: \_\_\_\_\_

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

Composer/Title Piece #2 \_\_\_\_\_

### Payment Information

**TUITION: (including registration fee)** Chamber Strings: \$395 Camerata: \$550 Sinfonia: \$550

If auditioning please pay \$25, OR if remaining in your current Ensemble, pay tuition in full.

PAYMENT ENCLOSED: TOTAL \$ \_\_\_\_\_

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

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

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

AC/CH: \_\_\_\_\_ Paid: \_\_\_\_\_ EmConf: \_\_\_\_\_ QB: \_\_\_\_\_ TS \_\_\_\_\_ Aud \_\_\_\_\_  
*For Office Use Only*