Ozarks Philharmonic Youth Orchestras
Audition Information Sheet 2014-2015

Instructions: Print neatly. Complete all information. Any application left incomplete will be rejected.

Name _____**Instrument**_____

Address_____**City**_____**Zip**_____

Home Phone (_____)_____**Email**_____

Age_____ **Birthday** _____**Cellphone (_____)**_____

School Name _____ **Grade**_____**(2014-2015)**

Band ( ) **Orchestra ( )** **No program available ( )**

Instructor's Name_____

Private Instructor's Name_____ **Length of Study**_____

Parent Information

Father's Name_____ **Home Phone (____)**_____

Father's Address _____
Street **city** **zip**

Father's email address _____

Father's work phone (____)_____ **Employer**_____

Mother's Name_____ **Home Phone (_____)**_____

Mother's Address _____
Street **city** **zip**

Mother's email address _____

Mother's work phone (_____)_____**Employer** _____

Father's Cell phone (____)_____**Mother's Cell Phone(_____)**_____

Hometown Newspaper_____

***We agree to abide by the policies of the Handbook of *The Ozarks Philharmonic Youth Orchestras, Inc.* as received by us. This includes payment of participation fees by the due date of each semester.**

_____ _____ _____

Student Signature **Parent/Guardian Signature** **Date**

***(Both student and parent must sign this form)**