

BERGEN YOUTH ORCHESTRA AUDITON APPLICATION

Student's Name _____ **Instrument** _____

Parent's Name(S) _____

Address _____

City/State _____ **Zip Code** _____

Home Phone _____ **Cell Phone** _____

Parent's email _____

Student Cell Phone _____

Students email _____

School _____ **Grade 2017-18** _____

School Music Director _____ **EMAIL** _____

Private Teacher _____ **Email/Phone** _____

Years of study privately _____

Orchestral Experience/Additional Info _____

FOR OFFICE USE ONLY:

Audition Date: _____ **Audition Time:** _____

Registration on line: _____ **Audition Fee Check** _____

Accepted _____

PLEASE READ AND SIGN: Requirements of Ensemble membership:

BYO PHILHARMONIA: TUESDAY, 7:00 –9:00

BYO SYMPHONY: WEDNESDAY 7:00-9:30

1. I understand that attendance is mandatory at rehearsal *Yes*
2. I understand that I may not miss more than 3 rehearsals per concert season. *Yes*
3. I understand that I must be present for the entire rehearsal *Yes*
4. I understand that attendance at all performances is **MANDATORY**. *Yes*
5. I understand that if I lose my music or do not turn it in after the concert that there will be a \$50 charge. *Yes*

The audition fee of \$50.00 is non-refundable, payable to “Bergen Youth Orchestra” due at the time of the audition.

If accepted, tuition for the 2017-18 year will be \$745 for the Philharmonia and \$795 for the Symphony. I understand that I must pay in full by September 10th.

Students must go directly to the East Brook rehearsal room and remain in the music suite for the rehearsal. Bathroom trips allowed however no roaming the school or outside of designated area. The Bergen Youth Orchestra cannot be held responsible for children who do not follow rules that are designed for their safety and well-being.

Parents must pick up students inside the rehearsal room. They must be present at the end of rehearsal and MUST BE ON TIME.

PUBLICITY RELEASE: I give permission to Bergen Youth Orchestras to use my child’s name and photograph/video in any publicity material relating to public relations for the BYO.

Student Name _____

Parent or Guardian Signature _____

Date _____