

Greensboro Symphony Youth Orchestra Program

Application Form

If form is pre-filled, please check all information and update as needed.

If a field is not applicable, please leave blank and continue.

Student Name:

Instrument:

Student Email:

Parent Email:

Home / Parent Phone:

Mailing Address:

City, State, ZIP:

School:

Grade: .

Private Teacher:

For how many prior years (if any) have you been a member of a GSYO ensemble?

Parent/Guardian Name(s):

Additional Contact Information, if applicable (please specify to whom the information applies)

Email:

Phone:

Street Address:

For All Applicants:

I will abide by the ensemble acceptance and seating decisions of the conductors. If accepted, I will enroll in the group to which I am assigned. I understand and will abide by the attendance, behavior, and tuition policies of the Youth Orchestra program as outlined in the member handbook. Youth Orchestra program auditions, rehearsals, and concerts may be photographed or recorded with audio and video equipment. Unless indicated otherwise on this application, I give my permission to appear in GSYO photos, audio recordings, and video recordings.

Signature of Parent (Signature of Musician if over 18)

Date

Auditioning for _____ YO _____ YP _____ YC