



**STRINGS**

**SC Philharmonic Youth Orchestras Program  
Student Information**

**Student's Full Name** \_\_\_\_\_

Instrument \_\_\_\_\_

Grade (2017/2018)/Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Student Email \_\_\_\_\_

Cell (if applicable) \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

School (2017/2018) \_\_\_\_\_

# Years/SCPYO String Program \_\_\_\_\_

# Years/SCPYO Rep Program \_\_\_\_\_

# Years/SCPYO Youth Orch Program \_\_\_\_\_

Formal Training (teachers, ensembles, awards/honors, Clinic/All-state selection)

\_\_\_\_\_  
\_\_\_\_\_

Private Teacher \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

By auditioning to participate in the SCPYO program I agree to participate regardless of the orchestra for which I am selected, will follow the program's attendance policy, prepare the music to the best of my ability prior to each rehearsal, and understand that a \$220 participation fee will be due on or before the first concert.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**