



WIND/BRASS/PERCUSSION

SC Philharmonic Youth Orchestras Program Student Information

Student's Full Name _____

Instrument _____

Grade (2018/2019)/Age _____ Birthdate _____

Student Email _____

Home Phone _____ Cell (if applicable) _____

Home Address _____

City _____ Zip _____

School (2018/2019) _____

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