

Dubuque Symphony Youth Ensembles 2017-2018 Season Information Record



Please complete both sides of form.

Auditioning For: String Ensemble Philharmonia Wind Ensemble Youth Orchestra

Student Name: _____ Female Male
First Last

Address: _____
(Please provide primary mailing address) City State Zip

Date of Birth: ____/____/____ Home Phone: (____)_____ Cell Phone: (____)_____

E-mail*: _____ (If no internet access, please write "No Internet Access")
 PLEASE PRINT CLEARLY

School attending **Fall 2017**: _____ Grade: _____

Instrument: _____ Years of Study: _____

Do you play other instruments? _____

Have you ever been a member of a Dubuque Symphony Youth Ensemble group? Yes No

If so, please note how many years: _____DYSE _____DYP _____DSYO

Wind/Brass players, do you own:

- Piccolo English Horn A Clarinet Eb Clarinet
 C Trumpet Trombone – F attachment

Parent/Guardian Information:

Father/Guardian Name: _____
First Last

Address: _____
(If different from student's) City State Zip

Work Phone: (____)_____ Home Phone: (____)_____ Cell: (____)_____

E-mail*: _____ (If no internet access, please write "No Internet Access")
 PLEASE PRINT CLEARLY

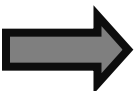
Mother/Guardian Name: _____
First Last

Address: _____
(If different from student's) City State Zip

Work Phone: (____)_____ Home Phone: (____)_____ Cell: (____)_____

E-mail*: _____ (If no internet access, please write "No Internet Access")
 PLEASE PRINT CLEARLY

* In the event that a DYSO/DYSE rehearsal or concert is cancelled due to weather, scheduling conflict, etc., the DSO will contact students and parent(s)/guardian(s) via e-mail. Please provide the DSO with at least **one valid e-mail account** that is checked on a regular basis. In the event you have no internet access, please write, "**no internet access**" and we will contact you via phone.



Instructor Information:

Do you take private lessons? Yes No → If "yes", please complete the following:

Private Instructor: _____
First Name Last Name

At what institution does this person teach? _____

Private Instructor e-mail address: _____

Private Instructor phone number: _____

Do you take lesson from a school-based instructor? Yes No → If "yes", please complete the following:

Name of School-Based Instructor: _____
(orchestra or band director) First Name Last Name

At what school does this person teach? _____

Email Address of School-Based Instructor: _____

Phone Number of School-Based Instructor: _____

Miscellaneous Information

Name of Local Newspaper: _____

Father's place of employment: _____

Mother's place of employment: _____

I understand that the Dubuque Symphony Orchestra may take photographs and or videos of ensemble participants and activities. I agree that the Dubuque Symphony Orchestra shall be owner of and may use such photographs and or videos relating to the promotion of the ensembles. I relinquish all rights that I may claim in relation to use of photographs and or videos.

Parent/Guardian Signature

Date

