

VALLEY YOUTH PHILHARMONIC ORCHESTRA

AUDITION APPLICATION

Name _____ Date of Birth _____ Instrument _____

Address _____ City/State/Zip _____

Phone: Home () _____ Cell () _____

Email Address _____

Parent/Legal Guardian Name(s) _____

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School _____ Grade _____ Year of High School Graduation _____

Do you participate in your school orchestra or band? ___ Yes ___ No

School Music Teacher _____ Number of years playing instrument: _____

Private Teacher _____ Number of years of private study: _____

Orchestra Experience _____

Number of years playing with orchestra: _____ Position _____

If applicable, who referred you to audition for our organization? _____

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If accepted for participation in Valley Youth Philharmonic Orchestra, I agree to participate in all rehearsals, and concerts. I also agree to abide by all rules and regulations established by Valley Youth Philharmonic Orchestra.

Student Signature

Date

Parent/Legal Guardian Signature

Date

AUDITION FEE – The **non refundable audition fee (\$20)** is charged to offset the cost of processing your audition. Upon receipt of your application and audition fee, you will be notified a confirmation of your audition date and time. For additional information and questions, please contact the Valley Youth Philharmonic Orchestra (213) 458-4618 or by email at vyoofficial@gmail.com
Send applications to: Valley Youth Philharmonic Orchestra, 16706 Osborne St, Northridge, CA 91343.
Please make checks payable to Valley Youth Philharmonic Orchestra or VYPO