



P.O Box 41810  
Philadelphia, PA 19101

Office use only: PYO \_\_\_\_ PYAO \_\_\_\_ PYMO \_\_\_\_  
 Not ready \_\_\_\_ Re Aud \_\_\_\_  
 Audition Date \_\_\_\_ Audition Number \_\_\_\_

**AUDITION APPLICATION FORM  
 PHILADELPHIA YOUNG MUSICIANS ORCHESTRA  
 2016-2017 Season**

Name \_\_\_\_\_  
 First Middle Last

AUDITION INSTRUMENT \_\_\_\_\_  
 Years studied \_\_\_\_\_ Teacher \_\_\_\_\_  
 Teacher Address \_\_\_\_\_ Teacher Email \_\_\_\_\_  
 SECONDARY INSTRUMENT (if applicable) \_\_\_\_\_  
 Years studied \_\_\_\_\_ Teacher \_\_\_\_\_

Home Address		College Address (if applicable)	
Number/Street _____	Apt. Number _____	Number/Street _____	Apt./Dorm number _____
City _____	State _____ Zip _____	City _____	State _____ Zip _____
Home Phone _____	Fax _____	College Phone _____	
Email _____		College/University _____	
School _____	Grade _____ (2015 – 2016)	College Major _____	Year _____ (2015 – 2016)
Birth date _____	Age at time of audition _____		

<b>Parent / Guardian's Name</b> _____	<b>Parent / Guardian's Name</b> _____
Address _____ <i>(only if different than above)</i>	Address _____ <i>(only if different than above)</i>
Phone _____	Phone _____
<b>Email</b> _____	<b>Email</b> _____
<b>Employer</b> _____	<b>Employer</b> _____
<b>Occupation</b> _____	<b>Occupation</b> _____
<b>Does company have matching gift program?</b> __yes __no	<b>Does company have matching gift program?</b> __yes __no

**TO BE COMPLETED BY STUDENT AND/OR PARENT/GUARDIAN**

Have you auditioned for the PYO program before? \_\_\_ yes \_\_\_ no

Have you participated in the PYO program before? \_\_\_ PYO \_\_\_ PYAO \_\_\_ BRAVO BRASS \_\_\_ PRYSM

If so, when? \_\_\_\_\_

How did you hear about the Philadelphia Youth Orchestra program?

\_\_\_ Newspaper \_\_\_ Radio \_\_\_ Friend \_\_\_ Relative \_\_\_ Teacher \_\_\_ other

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BIOGRAPHICAL INFORMATION**

MUSIC ACTIVITIES

Ensembles (orchestras, bands, chamber groups, etc.)

Awards/Honors (competitions, festivals, scholarships, prizes)

DATE

DATE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER ACTIVITIES AND AWARDS

Activities (clubs, sports, leadership, service, jobs, etc.)

Awards/Recognition (academic, sports, scouts, service, etc.)

DATE

DATE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

*For students that are under 18 years of age.*

**By signing above, the applicant and/or parent/guardian agree that all decisions concerning placement or participation in the Philadelphia Young Musicians Orchestra program are at the sole discretion of the artistic staff of the Philadelphia Youth Orchestra, and that their decisions are final. It is understood that if accepted the annual tuition for the 2016-2017 season is TBD. Financial Aid is available for those accepted students that demonstrate financial need.**