



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 YOUTH ORCHESTRA  
2018-2019 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 _____			College Major _____ Year _____		
(2018 – 2019)			(2018 – 2019)		
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

PLEASE COMPLETE AND SIGN OTHER SIDE

**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 \_\_\_ PYMO \_\_\_ 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 Youth 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 2018-2019 season is TBD. Financial aid is available for those accepted students that demonstrate financial need.**