



CHATTANOOGA SYMPHONY & OPERA

Youth Orchestras

2018-2019 Membership Application Form

Instructions: Print neatly. Complete all information.

TODAY'S DATE: _____

Contact Information

FULL NAME: _____ PREFERRED NAME: _____

ADDRESS: _____

STREET

APT.

CITY

STATE

ZIP CODE

HOME TELEPHONE: _____ STUDENT'S CELL PHONE: _____

BIRTHDATE: _____ AGE: _____ MALE FEMALE

STUDENT'S E-MAIL: _____

PARENT/GUARDIAN FULL NAME: _____ EMPLOYER: _____

WORK TELEPHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN E-MAIL: _____

PARENT/GUARDIAN #2 FULL NAME: _____ EMPLOYER: _____

WORK TELEPHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN E-MAIL: _____

OTHER EMERGENCY CONTACT: _____

NAME

HOME TELEPHONE

CELL PHONE

RELATIONSHIP

ORCHESTRA FOR WHICH YOU ARE AUDITIONING (please check only one):

PRELUDE

ETUDE

PHILHARMONIC

SYMPHONY

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CHATTANOOGA SYMPHONY & OPERA

Youth Orchestras

Application Continued

School Information

NAME OF SCHOOL (2018-2019): _____ GRADE (2018-19): _____

SCHOOL ADDRESS: _____
STREET CITY STATE ZIP CODE

SCHOOL MUSIC DIRECTOR: _____ TELEPHONE: _____
FULL NAME

SCHOOL MUSIC DIRECTOR'S E-MAIL: _____

EXTRACURRICULAR ACTIVITES: _____

Music Information

INSTRUMENT: _____ NUMBER OF YEARS YOU HAVE STUDIED MUSIC: _____

PRIVATE MUSIC TEACHER: _____
FULL NAME

PRIVATE TEACHER'S ADDRESS: _____
STREET

CITY STATE ZIP CODE

PRIVATE TEACHER'S TELEPHONE: _____

PRIVATE TEACHER'S E-MAIL: _____

PAST MUSIC EXPERIENCE (STUDENT): _____

HAVE YOU PREVIOUSLY BEEN A MEMBER OF THE CSOYO? _____ IF, YES LIST DATES _____

PLEASE LIST ANY KNOWN CONFLICTS WITH THE AUDITION SCHEDULE:

I understand that preconditions for my acceptance into the Chattanooga Symphony and Opera Youth Orchestras are a successful audition and my continuous involvement in my school band (if a wind or percussion member) or orchestra (if a string member), if one exists.

Applicant's Signature Date