



# Akron Youth Symphony (AYS) Application

**PLEASE PRINT LEGIBLY**

## PERSONAL INFORMATION

Name \_\_\_\_\_ Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Student e-mail \_\_\_\_\_

(You must provide a legible e-mail address.)

Instrument \_\_\_\_\_ Years of study \_\_\_\_\_

## PARENT INFORMATION

Parent/guardian names \_\_\_\_\_

Parent/guardian emails \_\_\_\_\_

## SCHOOL INFORMATION

Grade (Fall 2019) \_\_\_\_\_ School \_\_\_\_\_

School instrumental ensemble(s) in which you are participating or plan to participate:  
\_\_\_\_\_

School music instructor \_\_\_\_\_

School music instructor e-mail address \_\_\_\_\_

## PRIVATE INSTRUCTION INFORMATION

Current private music instructor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (if available) \_\_\_\_\_

Phone number \_\_\_\_\_

**Once the application and fee are received, directions for scheduling an audition time and date will be sent to the submitted e-mail addresses of both the parent and student.**

**Please mail application form, \$25 non-refundable application fee, and (optional) recommendations to:**

**Akron Youth Symphony, 92 North Main Street, Akron, OH 44308 (fax: 330-535-7302)**

**APPLICATION DEADLINE: May 3, 2019**

Method of payment:  Check (payable to Akron Symphony)  
 VISA  Mastercard  Discover

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_