



# Akron Youth Symphony (AYS) Application

**PLEASE PRINT LEGIBLY**

## PERSONAL INFORMATION

Name \_\_\_\_\_ Male  Female   
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Preferred 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 \_\_\_\_\_  
Parent/guardian preferred phone \_\_\_\_\_

## SCHOOL INFORMATION

Grade (Fall 2020) \_\_\_\_\_ 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 \_\_\_\_\_

**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 4, 2020**

Method of payment:  Check (payable to Akron Symphony)  
 VISA  Mastercard  Discover  
Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_