

TYO Audition Application

Student Name: _____ Age : _____

Parents' Names: _____

Mailing Address: _____

Please include your street name, city, and zip code.

Home phone: _____ Cell phone: _____

Email: _____

What instrument do you play? _____

What school will you attend in the fall? _____ Grade: _____

Orchestra/Band Director _____

Phone Number _____ Email: _____

Private Teacher's Name _____

Phone Number _____ Email: _____

I authorize my child to audition for the Tyler Youth Orchestra. The \$20 application fee is attached. I understand that tuition fees must be paid in full no later than two weeks after the start date, unless prior arrangements are made with the TYO Treasurer. I acknowledge that my child and I have read the audition requirements, and understand that placement in the orchestras will be by ability, not by age or grade in school.

Student Signature Date

Parent Signature Date

Please mail this application to the following address:

Tyler Youth Orchestra, PO Box 130694, Tyler, TX 75713