

Tyler Youth Orchestra Audition Application

Student Name: _____ Age : _____

Parent/Guardian Names: _____

Mailing Address: _____

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

Home phone: _____

Parent/Guardian Cell: _____

Student Cell: _____

Do you text? Yes ____ No ____

Parent/Guardian E-mail: _____

Student E-mail: _____

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: _____

How did you hear about TYO? _____

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.

Parent/Guardian Signature

Date

Student Signature

Date

**Please mail this application along with payment to the following address:
Tyler Youth Orchestra, PO Box 130694, Tyler, TX 75713**