



2019/2020 MCYS AUDITION APPLICATION

**All information must be filled out completely and legibly.**

Please send completed form with your audition fee of \$25 to:

**Mid-Columbia Youth Symphony, P.O. Box 606, Richland, WA 99352 –OR–**

**stop by our office at 1177 Jadwin Ave, Ste 103, Richland; Mon-Fri 10am – 3pm, Closed Sat/Sun**

**MUSICIAN INFORMATION** *(Please list your name as you would like it to appear in the concert programs)*

Musician's Name: \_\_\_\_\_ Instrument: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_ ~Flutists only: Do you play Piccolo? \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ ~Oboists only: Do you play English Horn? \_\_\_\_\_

Private Teacher Name: \_\_\_\_\_ Years Played/Studied: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School Name (as of 9/1/19): \_\_\_\_\_ Grade (as of 9/1/19): \_\_\_\_\_

Do you participate in a school ensemble?

Band? \_\_\_\_\_ Orchestra? \_\_\_\_\_ Other(s)? \_\_\_\_\_

Band or Orchestra Director Name: \_\_\_\_\_

*MCYS members are required to participate in school band or orchestra where available. If unavailable, they will need to submit a "School Participation Exemption Form" signed by their director or private teacher.*

How did you **first** hear about MCYS? \_\_\_\_\_

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**PARENT INFORMATION**

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best contact method: \_\_\_\_\_

Address/City/Zip (if different than musician): \_\_\_\_\_

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