

Sammamish Youth Chamber Orchestra

2024 Spring Audition Application Form

*Please read the Application Requirements prior to completing this form

Name: _____
(Last) (First) (MI)

Address: _____
(Permanent Street Address) (Apt. #)

(City) (State) (Country) (Zip code)

Contact Information: _____ (Home phone)

(Cell phone)

(Email)

Date of Birth: _____ *Applicant must be 21 years or younger
(Month) (Day) (Year)

Instrument: _____

Number of years studied: _____

Present Teacher: _____ **Phone No.** _____

Applicant's Signature: _____ **Date** _____
(Or legally responsible adult) (Signature)

Audition Requirements: Please go to <https://sammamishyouthmusic.com/syco-auditions>

Permission to Use Photograph and/or Biography

Event: 2024 Sammamish Youth Chamber Orchestra Audition

Location: Various locations where SYCO will be promoting concerts and events

I grant to Sammamish Youth Chamber Orchestra, the right to take and use photographs of me and my family in connection with the above-identified event(s). I authorize Sammamish Youth Chamber Orchestra, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that Sammamish Youth Chamber Orchestra may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____

Signature, parent or guardian _____

(if under age 18)

Printed name, parent or guardian _____

How did you find out about the Sammamish Youth Chamber Orchestra?

Please bring this application form to your audition with a check for \$25 payable to: Karin Islip.