



Quincy Area Youth Orchestra
Membership Application Form
2017-18 Season

Please print and fill in both sides completely. Application fee is \$60 due with this form. The fee for additional students in one family is \$45. Your check will be returned if you are not accepted into the QAYO. (A tuition waiver form for families with financial need is available by calling the symphony office at 217-222-2856.)

Application deadline: Mail or bring this form with your payment or waiver form to the QSOA Office by Thursday, **October 5th** so we can properly prepare for auditions. **Call the symphony office by Thursday, October 5th to set up an audition time 217-222-2856.**

Name _____ M/ F _____

(Please print as it should appear in news media, programs, etc)

Address _____ City, State, Zip _____

Date of birth _____ Grade in school _____

Student's email address _____ Student cell phone _____

Parent(s) name(s) _____ Home phone _____

Parent 1 email _____ Parent 1 cell phone _____

Parent 2 name, email & phone _____

Instrument _____ # of years playing _____

School _____ Band/ Orchestra teacher _____

_____ I do not play in school band or orchestra

Private teacher's name _____

Private teacher's mailing address _____

_____ I have participated in the QAYO previously _____ # of years

_____ I am a Suzuki student _____ # of years

Adult t-shirt size: S M L XL XXL

I haven't played in QAYO before, but I was encouraged to audition for QAYO by this current QAYO musician: _____.

~ OVER PLEASE ~

I agree to abide by the policies and procedures of the Quincy Area Youth Orchestra. I agree to cooperate with the orchestra conductor and my fellow musicians in furthering the ideals on which the orchestra was founded. I agree to attend all rehearsals except in case of illness, school function, or other valid circumstances. I will inform the conductor in advance if I can not attend rehearsal.

I agree to use proper conduct and language at all times.

I understand that the orchestra director has the right to dismiss any orchestra member for any violation of this agreement, without returning any part of the membership fee.

I give permission to the Steering Committee to publish my picture and my name in any news releases, the Quincy Symphony Orchestra Association website, QSOA Facebook page, concert posters, and other marketing and promotional materials.

Please attach current photo here.

Applicant Signature _____

Parent or guardian signature _____

_____ Parents, check here if you are interested in volunteering in some capacity.

Application deadline: Thursday, October 5, 2017.

Membership dues must accompany this application. The fee is \$60 per student, \$45 per additional family member. Your check will be returned if student is not accepted into the QAYO.

Mail application with payment to:

Quincy Area Youth Orchestra
200 N. 8th St., Suite 102
Quincy, IL 62301

Auditions: October 8, 2017 3:00pm-7:00pm, QND Band Room. Call the QSOA office 217-222-2856 or email Jane at gsoa@adams.net to schedule your audition time.

Audition Requirements:

1. Prepared solo or etude (approx. 3 minutes long)
2. Major scales up to 4 flats or sharps
3. Excerpts from this season's literature (see Youth Orchestra tab of the www.qsoa.org website)