

QUINCY SYMPHONY ORCHESTRA ASSOCIATION
66th ANNUAL MARTHA McCRORY YOUNG ARTISTS COMPETITION
APPLICATION FORM

FIRM Deadline for Application: Wednesday, November 18, 2020
(Application will not be accepted or considered valid without all required signatures.)

Audition Date: December 12, 2020, 10am-2pm, First Union Congregational Church
CONCERT DATE: Sunday, February 14, 2021 at 3:00pm
MANDATORY Dress Rehearsal: Saturday, February 13, 2021 1:00pm-3:30pm

REPERTOIRE IMPORTANT NOTE: TO MEET HEALTH AND SAFETY SPACING REQUIREMENTS FOR PERFORMANCE, THE ORCHESTRA ACCOMPANIMENT MUST BE WRITTEN FOR "SMALL ORCHESTRATION": STRING ORCHESTRA, OR STRING ORCHESTRA WITH NO MORE THAN EIGHT WIND/BRASS PLAYERS. CONTACT JANE POLETT 217-222-2856 QSOA@ADAMS.NET FOR PRE-APPROVAL IF UNSURE.

Non-Returnable Audition Fee - \$30.00 - Please include with this form. This form is 3 pages.

MUSICIAN NAME AGE HOME PHONE

ADDRESS CITY STATE ZIP

PARENT CELL PARENT EMAIL

STUDENT CELL STUDENT EMAIL

FOR INSTRUMENTALISTS ONLY:

Musical instrument How long studied

FOR VOCALISTS ONLY:

Voice range How long studied

REQUIRED SIGNATURES:

A. Parent Name (print) Phone

Parent Signature Address

B. Private Teacher Signature Phone

or High School Music Dir. Signature Phone

C. School Principal Signature Phone

School Principal sign, verifying student class as of October 1, 2020 (Circle one): 10 11 12

School School Address

City State Zip

TO BE COMPLETED BY ALL APPLICANTS:

List instructors you have studied with or played for recently (for instance, at college auditions)

List musical organizations in which you have performed _____

List contests, festivals or workshops you have attended _____

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<u>COMPOSER</u>	<u>TITLE</u>	<u>Mvmt.</u>	<u>Total performance time with accompaniment.</u>
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ACCOMPANIMENT: Orchestra accompaniment must be available to rent or purchase. Applicant is responsible for locating the orchestration source. Places to look:

www.lucksmusic.com www.boosey.com www.efkalmus.com/orchlist.php www.musicsalesclassical.com

Call the Symphony Office 217-222-2856 for help if you can't find the source for orchestra parts.

ORCHESTRA PARTS RENTED OR SOLD BY: _____

Standard application process: Mail or bring signed application, along with \$30.00 audition fee, to Quincy Symphony Orchestra Association, 1026 Maine St., Quincy, IL 62301

Non-contact application process: Email a scan of your signed forms to Jane at qsoa@adams.net. Then use the "Support Us" link at www.qsoa.org to pay the \$30 audition fee (follow instructions as for an Annual Fund donation, then put "Audition Fee" in the comments.)

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Please place initials by each release and sign the bottom of the form where indicated.

_____ **Talent Release:** I assign and grant to the Quincy Symphony Orchestra Association (QSOA) the right and permission to use and publish the photographs/film/videos/electronic representations and/or sound recordings made of me and/or my child by the QSOA or its authorized representatives, and I hereby release the QSOA and its authorized representatives from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, web posting, electronic storage, and/or distribution of said photographs/film/videos/electronic representations and/or sound recordings without limitation at the discretion of the QSOA. I specifically waive any right to compensation I may have for any of the foregoing.

_____ **Release and Indemnification:** I recognize that there are risks involved in participating in this activity and hereby assume all risk of illness, harm, damage, or death in connection with participation. I understand and agree that neither the Quincy Symphony Orchestra Association (QSOA) nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any illness, harm, damage, or death that may occur as a result of my or my child's participation in this activity and hereby agree to save and hold harmless the QSOA, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of participation in the activity. I authorize the QSOA through its trustees, officers, directors, employees, agents or representatives to render or obtain emergency medical care or treatment as may be necessary should any injury, harm or accident occur to me or my child while participating in this activity. I further agree to defend and indemnify the QSOA for all claims, damages, losses, or expenses, including attorneys' fees, concerning an injury, illness, or death to me, my child, or my household members as a result of the COVID-19 pandemic.

_____ **Facecoverings:** I agree to wear a face covering and that my child will wear a face covering at all times at the rehearsals or performance site unless instructed otherwise by the director.

_____ **Illness:** I agree that I and/or my child will not attend a rehearsal or performance if not feeling well or if exhibiting symptoms of illness or COVID-19 (fever, coughing, runny nose, body aches, dizziness, loss of taste or smell).

Applicant Signature _____ Date _____

Parent Signature _____ Date _____