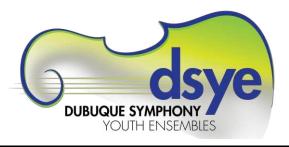
Dubuque Symphony Youth Ensembles Information Record 2014 – 2015 Season



Please complete both sides of form.

Auditioning For:	DYSE	DYP	DSYO		
Student Name:			Female:	Ma	le:
First		Last			
Address:					
		City	Sta	ate Zip	
Date of Birth:/	/ Hon	ne Phone: (<u>) </u>	ell Phone: ()	
E-mail*:			(If no interne	et access, please write	"No Internet Access"
School attending Fall 2	2014:			Gra	de:
Instrument:				Years of Stud	dy:
Do you play other inst	ruments?				
Have you been a mem	ber of the following	Dubuque Youth E	Ensemble groups?		
If so, how ma	ny years?	DYSE	DYP	DSYO	
Wind/Brass players, d	o you own:				
Piccolo	•		A Clarinet	Eb Clarinet	
C Trumpet	Trombone	F Attachment			
Parent/Guardian I	nformation:				
Father/Guardian Name:					
	First		Last		
Address:(If diff	erent from student's)	City		State	Zip
Work Phone: ()	Home Pl	none: ()	Cell: ()		
E-mail*:			(If no internet	access, please write "No	Internet Access")
PLEAS Mother/Guardian Name	E PRINT CLEARLY				
	First		Last		
Address:(If diff	erent from student's)		City	State	Zip
	·	none: ()	Cell: ()		·
E-mail*:			(If no internet	access, please write "No	Internet Access")
PLFAS	E PRINT CLEARLY		 ,	•	,

^{*} In the event that a DYSO/DYSE rehearsal or concert is cancelled due to weather, scheduling conflict, etc., the DSO will contact students and parent(s)/guardian(s) via e-mail. Please provide the DSO with at least **one valid e-mail account** that is checked on a regular basis. In the event you have no internet access, please write, "no internet access" and we will contact you via phone.

Instructor Information:	
Do you take private lessons?	
If so, please complete the following:	
Private Instructor: First Name	
At what institution does this person teach?	
Private Instructor e-mail address:	
Private Instructor phone number:	
Do you take lessons from a school-based instructor?	
If so, please complete the following:	
Name of School-Based Instructor: First Name Last Name	
At what school does this person teach?	
Email Address of School-Based Instructor:	
Phone Number of School-Based Instructor:	
Miscellaneous Information	
Name of Local Newspaper:	
Father's place of employment:	
Mother's place of employment:	
I understand that the Dubuque Symphony Orchestra may take photographs and or videos of ensemble participants a activities. I agree that the Dubuque Symphony Orchestra shall be owner of and may use such photographs and or viderelating to the promotion of the ensembles. I relinquish all rights that I may claim in relation to use of photographs a or videos.	leos
Parent/Guardian Signature Date	

