

Application Form

AUDITION INFORMATION (Check one)

I am submitting my audio/video audition via email to festivalsouthorchestralacademy@gmail.com

I have uploaded my video audition on YouTube. The link to my video is: _____

(Please include "FestivalSouth" and your name in the YouTube title)

I am including a CD/DVD of my audition with this application.

APPLICANT INFORMATION

First Name: _____ Last Name: _____ Instrument: _____

Date of Birth: _____/_____/_____ Age on June 13: _____ Gender: _____

Current Mailing Address: _____

City: _____ State/Province: _____ Postal Code/Zip: _____ Country: _____

Phone: _____ Cell: _____ Email: _____

School You Attend: _____ Grade/College Year completed in June: _____

Are you a member of an orchestra(s)? If so, which one(s)? _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code/Zip: _____ Country: _____

Phone: _____ Cell: _____ Email: _____

Employer: _____ Position/Title: _____

Work Phone: _____ Work Fax: _____

Father/Guardian Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code/Zip: _____ Country: _____

Phone: _____ Cell: _____ Email: _____

Employer: _____ Position/Title: _____

Work Phone: _____ Work Fax: _____

MUSICAL STUDIES

Name of Private Teacher: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Number of Years with this Teacher: _____ Total Years of Private Study: _____

ROOM AND BOARD

Yes, I will stay at the university dorm.

No, I will not stay at the university dorm.

BIOGRAPHICAL INFORMATION

Please write a short biography about your musical background and accomplishments.

APPLICATION FEE

All applicants are required to pay the \$50 application fee. This fee is non-refundable.

Enclosed is check number _____ payable to SMYO. (Please add "Orchestral Academy" on the memo line.)

I certify that the information on this application form is accurate to the best of my knowledge.

Name of Applicant	Date	Signature of Parent/Guardian	Date
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RETURN TO:
FestivalSouth Orchestral Academy
Attn: Jorge Gonzalez
WCU Box 14
710 William Carey Parkway
Hattiesburg, MS 39401