

Experience It Yourself!

School of Orchestral Studies Student Application Form

I wish to participate in the auditions for the 2010 School of Orchestral Studies.

- Selected Audition Site:**
- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="radio"/> Binghamton Area | <input type="radio"/> Buffalo Area | <input type="radio"/> Capital District |
| <input type="radio"/> Mid-Hudson Area | <input type="radio"/> Nassau County | <input type="radio"/> New York City |
| <input type="radio"/> Northern Area | <input type="radio"/> Rochester Area | <input type="radio"/> Suffolk County |
| <input type="radio"/> Syracuse Area | | |

Please Print Or Type

Please Duplicate Additional Applications As Needed

Student's Name _____ Age _____ Date of Birth _____ Gender _____

Current Street Address _____ City or Town _____ State _____ Zip Code _____ County _____

Parent Home Phone _____ Parent Work Phone _____ Student Cell Phone _____

Student Social Security Number _____ Student Email Address **(Please print clearly)** _____

School _____ Principal _____ Current Grade _____

School Address _____ City or Town _____ State _____ Zip Code _____

Music Director _____ Email Address _____ School Telephone _____

Address _____ City or Town _____ State _____ Zip Code _____

I am applying as an instrumentalist on _____

I also play and have access to another instrument (Please Identify) _____
(For Example: Piccolo, English Horn, A Clarinet, Bass Clarinet, E^b Clarinet, Saxophone(s), Contra-bassoon, Flugelhorn, Bass Trombone, and/or others)

Have you attended the School of Orchestral Studies in the past? Yes No

Student's Signature _____

Signature of Parent/Guardian _____

Please Print Names of Parent/Guardian _____

Mail to:

New York State Summer School of the Arts
State Education Department
89 Washington Avenue
Room 866 EBA
Albany, NY 12234
Fax: 518-473-0770