

# B SHARP YOUTH ORCHESTRA

## Application for Auditions

Please note:

1. Complete this application form and please email to Jennifer Hay at [jennifer@bsharpkids.org](mailto:jennifer@bsharpkids.org)
2. or mail to:

**B Sharp Youth Music**  
**500 Commerce St., Ste. 700**  
**Fort Worth, TX 76102**

Please note:

1. Auditions will be scheduled once your application has been received.
2. Please call Jennifer Hay at 817-939-3914 or email her at [jennifer@bsharpkids.org](mailto:jennifer@bsharpkids.org) if you have any questions or concerns.

### STUDENT INFORMATION

Current Grade:  6  7  8  9  10  11  12

Name of school \_\_\_\_\_ Instrument \_\_\_\_\_ number of years you have been playing \_\_\_\_\_

Last Name

First Name

Middle Name

Date of Birth

Gender

name of current orchestra/band teacher

Address

City/State/ZIP

Cell Phone Number

Email Address

Sibling(s) currently enrolled \_\_\_\_\_  Sibling(s) also applying \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Language(s) spoken \_\_\_\_\_

Relationship to student \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

#### *Non-Discrimination Statement*

*No student shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity available through The B Sharp Youth Music Program on the basis of race, color, gender, or national or ethnic origin.*

Completed Application

Parent/Guardian Signature

Date

**FOR OFFICE USE ONLY:**

Application Complete \_\_\_\_\_

Application Incomplete \_\_\_\_\_