

Part I: PERFORMER INFORMATION

First Name:		Last Name:	
Home Address:		Postal Code:	
Email:		Home Phone:	
Do you have any health issues we should be aware of (i.e., allergies)?			
Orchestral instrument that you will play in the youth program:			
Number of years you have played the above instrument:		RCM grade level (if known):	
Name of music teacher:		Music teacher email:	
Have you ever played in an orchestra?			
If yes, please list your experience:			
Please complete if under 18:			
Age:	Grade:	School:	

Part II: PARENT/GUARDIAN INFORMATION (if under 18)

Parent/Guardian Name(s):
Parent Email:
Parent Cell Phone:

Part III: AGREEMENT

1. Youth Program participants are expected to attend both rehearsal workshops (January 21 and Jan. 28) and the final rehearsal on concert day (February 4) in order to participate in the **HSO Family Concert: Tales of the Imagination**.
2. Applications are due by October 25, 2017. Spaces in the HSO Youth Program are limited.
3. Contact information will be used for the purposes of communicating within the HSO Youth Orchestra Program.
4. Pictures will be taken for promotional material which may include posters, advertising, programs, grant applications, and the HSO website or Facebook page.

Your signature below (parent signature for participants under 18) indicates that you understand the above and agree to the photos for promotional use.

Signature: _____ **Date:** _____

Please complete this form and email it to Debbie Dinsmore (ddinsmore@rogers.com) by **Oct. 25, 2017**. Please include "2018 HSO Youth Program" in the subject line of your email.

OR complete and mail this form by **Oct. 25, 2017** to the HSO Youth Program P.O. Box 904, Stn. Main Barrie, ON L4M 4Y6