

AUDITION REGISTRATION

Congratulations! You are about to take your first step towards joining OSYO. Auditions are opportunities for you to play your instrument after having prepared to the best of your ability.

Let's get started!

Student Information:	
First, Middle, Last Name:	E-Mail:
Address, City, State, Zip:	
Student Phone # :	Instrument:
Student Birthdate :	Student Grade as of August 2022:
Music Details :	
How many years have you played your instrument:	Do you take private lessons? Yes No
What is your instructor's name?	What is your Music Director's name?
Parent Information :	
Parent/Guardian Name:	E-Mail:
Address, City, State, Zip:	
Parent/Guardian Phone #:	Parent/Guardian Phone # :

Virtual option: Record your audition video and submit to lmillerteacher@gmail.com. See attached brochure for video audition information.		
In person option: Auditions will be held by appoin	ntment only. Email lmillerteacher@gmail.com.	
	th the \$10 fee to P.O. Box 173, Ottumwa, IA 52501 estra.net to submit your form and pay the fee.	
will be auditioning for :		
Philharmonic Orchestra: Grades 6-8 as of August 20 strings only, no winds	I am aware of the \$250 tuition and am prepared to invest in this experience	
Symphonic Orchestra: Grades 9-12 as of August 202 includes winds, brass and percussion	I would like to learn more about scholarship opportunities	
Important:		
The OSYO strives to create inclusive experiences for students technology or adequate internet access for creating an audit that we should be aware of that could affect the audition pro	ion video, or if they have any disabilities (physical or otherwise)	
Common Questions :		
What do I prepare for my audition? All requirements for your specific instrument are found in the attack What happens after my audition? You will be notified of the results of your audition within a few days, further instructions. This will be sent to the student email as well as Emergency Contact:	. If accepted, you will receive a rehearsal and concert schedule and	
Emergency Contact:		
Emergency Contact Name:	Emergency Contact Phone:	
Please list any medical issues for which this student is being	treated :	
Medical Release :		
I hereby give my permission for emergency treatment for my contacted immediately and informed of any situation.	child in the event of a medical emergency. I know that I will be	
Print Name (Parent/Guardian):	Signed (Parent/Guardian):	

Audition Details: