

# Experience It Yourself!

## School of Orchestral Studies Student Application Form

I wish to participate in the auditions for the 2008 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 NY     | <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 \_\_\_\_\_ Sex \_\_\_\_\_

Home Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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, Eb 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 Ave.  
Room 866 EBA  
Albany, NY 12234  
Fax: 518-473-0770