



ENSEMBLE Registration Form
33rd Annual Young Artists' Competition
of the Civic Orchestra of Tucson

Saturday, January 21, 2017
Pima Community College West, Center for the Arts Complex

Primary Contact Information

PLEASE PRINT, USING A PEN WITH
BLACK OR DARK BLUE INK.

Who are you? (please check one box)

- one of the ensemble's young musicians
parent of a musician
music teacher of the ensemble

Your Name Telephone(s)

Address Zip

Email address (please print)

Name of the Ensemble

Composition

Composer Movement (if applicable):

Number of minutes required to perform your piece Do not leave blank. Please be accurate.

Music Teacher

(If different from the information above.)

Name Telephone(s)

Email (print)

Address Zip

Signature

Would all members of this Ensemble be available to possibly perform at the COT's Fundraising Concert on
January 31, 2017? Yes No (This answer will not be a factor in the selection of prize winners.)

Please complete the following pages with information about all the musicians.

Please mail this form (all pages) and a check for the \$25 Registration Fee,
postmarked by Monday, January 9, 2017, to:
Civic Orchestra of Tucson, Attention YAC, P.O. Box 42764, Tucson, AZ 85733

Make checks payable to Civic Orchestra of Tucson. The Registration Fee is non-refundable.

For more information, go to www.cotmusic.org/yac.aspx, email cloler@cox.net, or call (520) 791-9246.

You must complete the following pages.

# Members of the Ensemble

Name of the Ensemble \_\_\_\_\_

**Requirements:** Minimum **two** musicians, Maximum **ten** musicians, no more than **one** piano allowed.

All musicians must be in Grade 12 or under.

Please **PRINT** all information below.

	Musician's Name	Instrument	Grade	Date of Birth*	Permissions†
				(see below for more information)	
1.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
2.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
3.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
4.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		

**Please continue on the following page if your Ensemble has more than four members.**

\* **Date of Birth:** This information is requested so that accurate age information can be included in concert programs if the ensemble is selected to perform as part of a COT concert.

† **Permissions:**

Checking the box in the last column indicates that the parent/legal guardian of that ensemble member gives permission for the ensemble's audition to be videotaped solely for COT's use. Audition videos will not be made public.

It also indicates that the parent/legal guardian of that ensemble member gives permission for photographs of the ensemble and the name of that member to be used on the COT website, in COT marketing materials, and released to media outlets for the promotion of the COT, if that ensemble is selected to perform.

Please check the box in the last column if the parent/legal guardian of the member named on that line grants these permissions.

**Name of the Ensemble** \_\_\_\_\_

	Musician's Name	Instrument	Grade	Date of Birth* <small>(see below for more information)</small>	Permissions†
5.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
6.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
7.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
8.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
9.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
10.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		

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