



**ENSEMBLE Registration Form**  
**34<sup>th</sup> Annual Young Artists' Competition**  
**of the Civic Orchestra of Tucson**  
**Saturday, February 3, 2018**

**Pima Community College Center for the Arts, West Campus**  
**2202 W Anklam Road, Tucson, AZ**

**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 **February 6, 2018**?     **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 one check for the \$25 Registration Fee,**  
**postmarked by Monday, January 15, 2018, 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](http://www.cotmusic.org/yac.aspx), email [cloler@cox.net](mailto: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†
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** \_\_\_\_\_

	<b>Musician's Name</b>	<b>Instrument</b>	<b>Grade</b>	<b>Date of Birth*</b>	<b>Permissions†</b> (see below for more information)
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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