

## Genesee Symphony Orchestra Young Artist Competition

Please print legibly in ink.

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School that you attend \_\_\_\_\_  
Grade in school \_\_\_\_\_

Please indicate: voice \_\_\_\_\_; or what instrument \_\_\_\_\_  
Number of years of musical study \_\_\_\_\_  
Current Music Teacher-public/private \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
List any musical ensembles with which you have performed. (Use the back as necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the complete title of the piece you are prepared to perform at the competition.  
(Opus number, movement, etc.)

\_\_\_\_\_  
List complete name of the composer. \_\_\_\_\_  
Do you understand that you must provide your audition accompanist? \_\_\_\_\_ (Yes/No)  
Do you understand that once chosen, the winner must attend the mandatory GSO  
rehearsals and concert in the following season? \_\_\_\_\_ (Yes/No)

List on the back or attach any pertinent facts you believe may be of interest.

Candidate's Signature \_\_\_\_\_

Return this application, signed, with nonrefundable \$10 to:  
GSO Young Artist Competition  
% Katharine Wilson  
4375 Holley Byron Rd  
Holley, NY 14470

Make checks payable to Genesee Symphony Orchestra or GSO

