YONKERS PHILHARMONIC ORCHESTRA

SPONSORED BY THE FINE ARTS ORCHESTRAL SOCIETY
Please Print or Type

APPLICATION FOR THE FORTIETH ANNUAL CONCERTO COMPETITION

NAME OF APPLICANT	e-ma	e-mail addressy			
Please Print Cle	arly				
HOME ADDRESS					
HOME ADDRESS Street	City	State	Zip Cod	le	
TELEPHONE NUMBERS Home	<u> </u>				
Home	Cell /	Cell / Text			
NAME OF SCHOOL					
SCHOOL ADDRESS					
SCHOOL ADDRESS Street	City	State	Zip C	ode	
		GRADE IN SCHOOL			
AGE OF APPLICANTINSTR	UMENT OR VOICE	ГҮРЕ			
TITLE AND COMPOSER OF CONCERTO	OR VOCAL SOLOS	ΓO BE PERF	ORMEI)	
NAME					
OF ACCOMPANIST					
NAME OF MUSIC TEACHER (If Applicable					
ADDRESS OF MUSIC TEACHER					
Street	C	City	State	Zip Code	
SIGNATURE OF MUSIC TEACHER		Phone #_			
SIGNATURE OF PARENT					
(OR LEGAL GUARDIAN)					

<u>APPLICATION</u> <u>Fee is \$25 – make check payable to Fine Arts Orchestral Society</u>
<u>Postmarked deadline Feb. 9, 2018</u>
REGULAR (snail) MAIL ONLY - NO OTHER MAIL WILL BE ACCEPTED!

Please send application to: FAOS Attn. Ms. Josephine Caruso P.O. Box 705, Yonkers, NY 10704

REQUIREMENTS and APPLICATION MAY BE DUPLICATED OR FOUND ON THE WEB www.yonkersphilharmonic.org/competition