## PITTSBURGH CONCERT SOCIETY

## **Young Artist Auditions Application**

Application Period: November 1, 2017 - March 31, 2018.

1. **CONTACT INFORMATION.** Complete the fields below with your contact information. Include complete contact information for each member of your ensemble. \*

PERFORMER			
Name		Birth Date	
Instrument/Ensemble			
<b>Email Address</b>			
Street Address City	State	Zip Code	
Phone Number			
Parent/Guardian's Nar	me		
Teacher's Name (If App	olicable)		

ACCOMPANIST (If Applicable)		
Name		
Phone Number		
Email Address		

**2. PROGRAM.** Your typed program (without applicant's name) may be mailed to: Ms. Antoinette Tuma, Pittsburgh Concert Society, P. O. Box 14843, Pittsburgh, PA 15234

or sent as a Microsoft Word formatted file via email: info@pittsburghconcertsociety.org.

Each selection on the program is to be listed with full program details including title, key, opus number, movement(s), full name and dates of composer, and duration.

Applications will not be accepted until payment has been received.

- **3. FEE.** This application must be completed and submitted on or before the application deadline, along with a properly formatted program and a non-refundable fee# of \$35.00 payable by credit card on this website, or by check payable to **Pittsburgh Concert Society**.
  - # If you are waitlisted and do not get to audition, your fee will be refunded.

\* Complete contact information for each member of your ensemble.

Name		Birth Dat	te
Instrument/Ensemble			
<b>Email Address</b>			
Street Address City	State	Zip Code	
Phone Number			
Parent/Guardian's Name			
Teacher's Name (If Applie	rable)		

ENSEMBLE MEMBER #2	2	
Name	A	Birth Date
Instrument/Ensemble		
Email Address		
Street Address City	State	Zip Code
Phone Number		
Parent/Guardian's Name		
Teacher's Name (If Application	able)	

Name		Birth Date	
Instrument/Ensemble			
Email Address			
Street Address City	State	Zip Code	
Phone Number			
Parent/Guardian's Nan	ne		
Teacher's Name (If App	licable)		·

ENSEMBLE MEMBER	2 #4	
Name		Birth Date
Instrument/Ensemble		
Email Address		
Street Address City	State	Zip Code
Phone Number		
Parent/Guardian's Nai	me	
Teacher's Name (If App	olicable)	