

Young Artist Competition Application

Please provide information for all of the fields below.

STUDENT INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Email: _____

Birthdate (MM/DD/YYYY): _____ School Grade: _____

Instrument: _____

PARENT/GUARDIAN

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Email: _____ Relation to student: _____

Parents/guardians will be contacted prior to the student's advancement to the live semi-final round in order to confirm consent of the student's participation, that the accompanist will be provided by the contestant, and that the decisions of the judges will be final.

ACADEMIC SCHOOL

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

MUSIC TEACHER

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Email: _____

The student's music teacher will be contacted to provide a recommendation, so please let this individual know that he/she will be contacted by the HSO.

MUSIC BACKGROUND

With whom have you studied, where, for how long, etc.? Please include any relevant information in the space provided. *Information may be used for publicity purposes.*

MUSICAL SELECTIONS

Concerto movement or solo instrument and orchestral work:

Composer: _____

Title: _____

Movement: _____

Measure numbers (excerpts up to 10 minutes): _____

Solo Pieces (**up to three**):

Composer: _____

Title: _____

Movement: _____

With piano accompaniment? Y / N

Measure numbers (excerpts up to 10 minutes): _____

Composer: _____

Title: _____

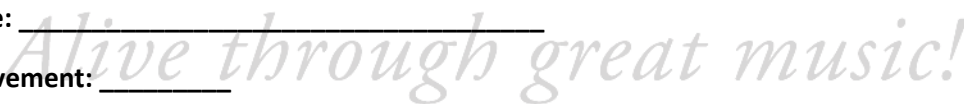
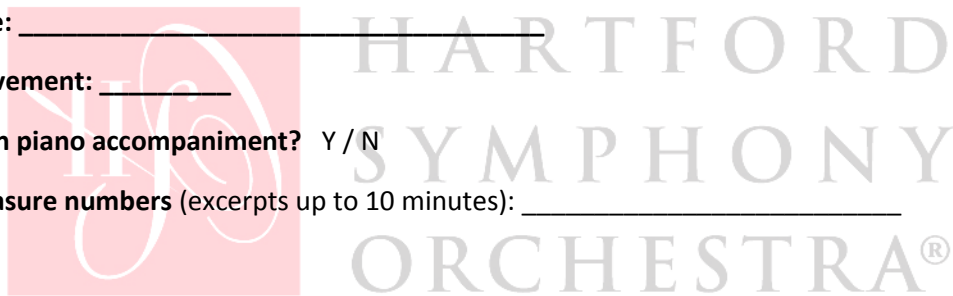
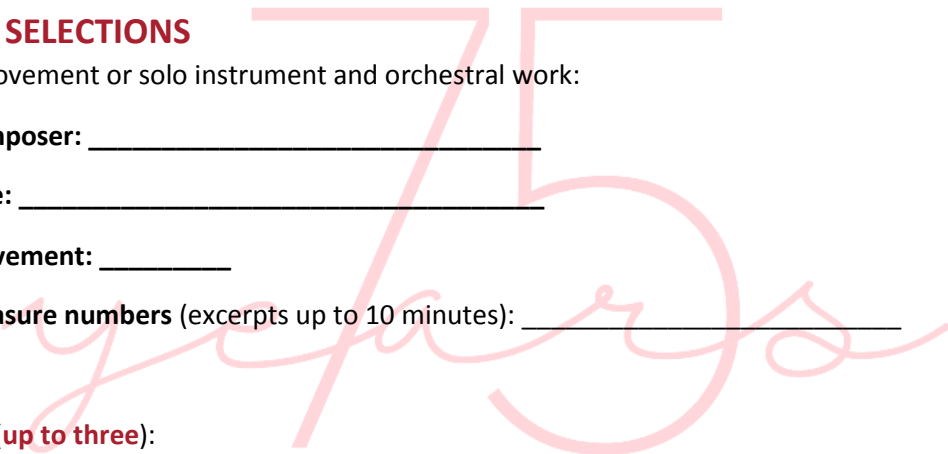
Movement: _____

With piano accompaniment? Y / N

Measure numbers (excerpts up to 10 minutes): _____

Composer: _____

Title: _____



Movement: _____

With piano accompaniment? Y / N

Measure numbers (excerpts up to 10 minutes): _____

Please include attached recordings in USB or CD form along with application mailing.

By submitting your registration, you are agreeing to all of the above information
as outlined in this application form.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

*Please mail your application, pre-screening recordings (USB or CD format), and \$75 nonrefundable
application fee (checks made payable to Hartford Symphony Orchestra, Inc.) by **December 31, 2018** to:*

ye
Hartford Symphony Orchestra
ATTN: Young Artists Competition
166 Capitol Avenue
Hartford, CT 06106



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