



Youth Concert Band of Atlanta

YOUTH CONCERT BAND OF ATLANTA, INC. 2008-2009 SEASON APPLICATION

Please type or print neatly. Auditions cannot be scheduled until application form and fee have been received.
Return this application with the \$25 non-refundable application fee to:

**Youth Concert Band of Atlanta
98 Roundtree Court
Stockbridge, Georgia 30281**

_____ Male _____ Female _____
Last Name First Name (as you would like it to appear on program) Nickname DOB Age Grade

_____ (_____) _____
Mailing Address – Street, Apt. #, P.O. Box, etc... City State Zip Home Phone

_____ Student's Email Address Parent's Email Address

(Mr.) _____ (_____) _____
Parent/Guardian Employer Daytime Phone

(Mrs./Ms.) _____ (_____) _____
Parent/Guardian Employer Daytime Phone

_____ Instrument Years Studied School (Fall 2008)

_____ (_____) _____ (_____) _____
Band Director Daytime # Other #

_____ (_____) _____ (_____) _____
Private Teacher Daytime # Other #

Recent Musical Honors, Awards (Competitions, District Honor Band, All-State, etc...)

We have read the YCBA website information and understand that band's performance requires the student's exemplary attendance and preparedness. We also understand that acceptance into YCBA is for a full year term and that a full year's tuition is due on the first day of rehearsal and must be paid in full.

_____ Signature of Applicant Date Signature of Parent Date