	Application Form	oung Artists Concer for audition on Novem early in blue or black ink	ber 20 2016
Full Name			
Birth date	Grade	Instrument/Voice	
Address	ldressCity		
Zip	Phone	E-mail	
School currently a	ttending		
		i	
		Catalog#	
Teacher			
		his application is correct.	
Contestant Signatu	ire		
		<u> </u>	
✓ Your Checkli	st		
Completed a	and signed application for	rm	
Letter of ref	erence from a music teacl	her (public or private)	
Check or m	oney order for \$25.00 pay	yable to YRSO	
Please send all ma	terials to: Mrs. Barba 692 Gilpar Dendron, V Tel: 757-2	rk Rd. VA 23839 267-2959. E-mail: <u>bfeger@y</u>	
	date materials were		, phone number