

# CMEA - Capitol Section Middle School Honors Orchestra

## Student Application Form

January 28<sup>th</sup>, 2017

Performing Arts Center, Sacramento City College – Sacramento, Ca.

Guest Conductor: Margy Moon

The Middle School (grades 6 -8) Honors Orchestra is chosen solely by music director recommendation. Completed Student Application Forms with check attached should be returned to your Music Director.

The rehearsal and concert will be held on Saturday, January 28<sup>th</sup> at the Sac City College Performing Arts Center

### Schedule for the Day:

8:00 AM: Students interested in auditioning for section principal positions arrive\*

8:30 AM: Check-In for all students

9:00 AM: Rehearsal Begins

~12:00 PM: Lunch\*\*

~3:15 PM: Rehearsals End

4:00 PM: Concert at the PAC

*\*Principal and Concertmaster Auditions: If a student is interested in auditioning for a principal position in a section, live auditions will be held the morning of the event. Please be prepared to perform spots of the Honors Orchestra music for a music director. Please arrive by 8:00 AM. Auditions will occur in order of arrival that morning.*

*\*\*Please bring a lunch for Saturday, as well as formal concert clothes, your instrument, your own copies of the music, and any performance supplies you may need.*

### MANDATORY SIGNUP WEBFORM:

All participating students must enter their information into this google form along with completing a hard copy.

Google Form Address: <https://goo.gl/7A2f9s>

**Student Fee \$35.00**

**Please return completed form with check to your Music Director!**

Make checks payable to your school, director, or booster club.

Your director will let you know which of those options to use. No purchase orders will be accepted.

(\$25.00 returned check fee)

Information regarding CMEA-Capitol Section Honor Orchestra may be accessed by visiting [www.cmea-cs.org](http://www.cmea-cs.org)

THIS IS A TYPABLE PDF FORM: PLEASE CLICK ON AN ENTRY LINE, KEY IN THE INFORMATION AND PRINT.  
SAVING IS NOT AN OPTION.

Director's Name \_\_\_\_\_ School's Name \_\_\_\_\_

School Address \_\_\_\_\_  
Street City Zip

Parent/Guardian's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number(s) \_\_\_\_\_

STUDENT'S NAME:  
PLEASE PRINT CLEARLY

INSTRUMENT/6<sup>th</sup>- 8<sup>th</sup> Grade  
VLN I, VLN II, VLA, VC, BASS

Adult T-SHIRT  
Please choose one

--	--	--