

ORCHESTRA SOLO & ENSEMBLE INFORMATION

WHEN: _____ (fill out date given by Dr. R)

WHERE: _____ (fill out place given by Dr. R)

AUD. TIME: TBD – Dr. R. will let you know when he receives the schedule.

WHAT: Solo or Ensemble of your choosing (Dr. R. can help)

HOW MUCH: \$_____ per solo *OR* \$_____ per student in an ensemble

- DUE BY _____ (fill out date given by Dr. R)
- Make checks payable to **GSMST**
- IF YOU BRING CASH – EXACT CHANGE ONLY

FINAL CHECK-UP: _____ (fill out date give by Dr. R)

– All who plan to audition *must* play for Dr. Richardson this day. **AFTER SCHOOL!**

To perform at Solo and Ensemble, you must meet with Dr. R *ON YOUR OWN* at least 2 *TIMES* prior to the final check-up day! This should be after school as there is not sufficient time in the mornings. You should let Dr. R. know if you're planning on coming a certain day. In other words, don't just show up without telling him!

If you do not meet with Dr. R for those 2 times, you will forfeit your registration fee, won't be allowed to attend the event, and must then play the selection(s) for the class (playing test portion of grade). You will be responsible for your own transportation to and from the event. Directions will be given at a later date.

.....*Detach form and return to Dr. Richardson with payment by due date above*.....

I _____ understand the requirements to audition for the
(Print Student Name)

Solo and Ensemble Event as listed above. I agree to practice regularly and to meet with Dr. Richardson 2 times prior to the event and also on the final check-up.

Student Signature

Date

As the parent/guardian of the student listed above, I understand and agree with the requirements for my child to participate in the Solo and Ensemble Event. I agree to support my student in their practice and providing transportation to the audition and as needed to meet the check-up requirements prior to the audition.

Parent Signature

Date