



2010/2011 Application Form

Student Information Please print very neatly

Name: _____ Gender: _____
Birthdate: _____ Fall 2010 Grade: _____ T-Shirt Size: _____
Address: _____ City: _____ Zip: _____
E-mail: _____
Home Phone: _____ Student Cell Phone: _____
Primary Instrument: _____ Years Studied: _____
Secondary Instrument (if any): _____ Years Studied: _____

Ensemble Information

For which ensemble(s) are you auditioning (check all that apply)

Wind Ensemble _____ Percussion Ensemble _____ Jazz Ensemble _____

(Percussionists wishing to audition for both Wind and Percussion Ensembles will do only one audition. Musicians wishing to be considered for both Wind Ensemble and Jazz Ensemble should prepare two separate auditions. Should the musician be admitted into both groups he/she would have to choose one or the other.)

Audition Date Preference

Please indicate 1, 2, 3; indicate 0 if not available on a certain day.

Wind Ensemble/Percussion Ensemble Auditions
_____ Saturday August 28 - 1:00 to 5:00 p.m.
_____ Sunday August 29 - 2:00 to 8:00 p.m.
_____ Monday August 30 - 5:00 to 9:00 p.m.

Jazz Ensemble Auditions
_____ Sunday August 29 - 5:00 to 8:00 p.m.
_____ Monday August 30 - 5:00 to 9:00 p.m.

Auditions will be held at Georgia State University. You will be sent an e-mail with your audition time, location and detailed directions and parking information. Audition requirements can be accessed at maywe.org.

Parent/Guardian Information

Father's Name: _____ Father's Day Phone: _____
Father's E-mail: _____
Mother's Name: _____ Mother's Day Phone: _____
Mother's E-mail: _____

All MAYWE communication for the season will be via e-mail to the musician and a parent. Which parent's e-mail should be used (circle one): father mother

Office Use Only
Date Rec: _____
Check #: _____
Aud D/T: _____

School/Instructor Information

Name of School: _____ County: _____

School Band/Orchestra Director (if applicable): _____

Private Teacher Name: _____ Years studied with this teacher: _____

Private Teacher Phone: _____ Private Teacher E-mail: _____

Miscellaneous Information

1. How did you learn about MAYWE? _____

2. Please describe your other musical experiences (Honor Bands, All State, community activities). Feel free to attach additional pages if necessary.

Mail this application and the non-refundable application fee (see below) to:

**MAYWE
P. O. Box 2453
Peachtree City, GA 30269**

**EACH FAMILY IS ONLY REQUIRED TO PAY ONE APPLICATION FEE,
REGARDLESS OF NUMBER OF AUDITIONEES.**

**Application fee if postmarked on or before August 25 - \$25.00
Application fee if postmarked after August 25 - \$40.00**