



APPLICATION

Please complete and return with your \$25 non-refundable application fee to:

I Artisti

P. O. Box 1732, La Mirada, CA 90637

I wish to audition for; (Check One)

**I Artisti* Chamber Players (Intermediate Level, age 12 and under) _____

**I Artisti* Chamber Orchestra (Advanced Level, age 12 and above) _____

Which Campus; (Check One)

- La Mirada Campus (Biola University, Friday Rehearsals) _____
- Irvine Campus (Woodbury, Saturday Rehearsals) _____

Personal Information:

Student's Name: _____ Parent's Name : _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email (*required): _____

Age: _____ Grade: _____ Gender: M / F

Instrument: _____ # of Years Played: _____

Private Instrumental Teacher: _____

Teacher's email address: _____

If accepted into the orchestra program at *I Artisti*, I agree to participate in all events and activities.

I further agree to abide by all rules and regulations.

STUDENT'S SIGNATURE: _____ Date: ____/____/____

PARENT'S SIGNATURE: _____ Date: ____/____/____