



**Georgia Youth  
Symphony Orchestra  
and Chorus**

[www.cobbsymphony.org](http://www.cobbsymphony.org)  
[jconcklin@cobbsymphony.org](mailto:jconcklin@cobbsymphony.org)

(770) 429 – 7016

Name: \_\_\_\_\_ Instrument/Voice Type: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ Apt #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_ Mother's E-mail: \_\_\_\_\_

If you do not live with both parents, please indicate which you live with:

**I understand that a requirement for acceptance into any GYSO&C program is participation in my school's music program.**

The only exceptions will be for students that do not have a program at their school or are home-schooled.

Applicant Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Name of School currently attending: \_\_\_\_\_

An e-mail will be sent to your band/orchestra/choral director to confirm participation in the program upon receipt of application.

**A \$25 non-refundable application fee is required for all applicants.  
Make check or money order payable to: Georgia Youth Symphony Orchestra and Chorus  
or include credit information below.**

Circle One: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

3 or 4 digit V-code (security code): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Billing address (if different from home address): \_\_\_\_\_

Incomplete applications will not be accepted.

**Deadline for postmark or hand-delivery is:  
Thursday, January 7, 2010**

Mail or deliver to: Georgia Youth Symphony Orchestra and Chorus, 2250 Stilesboro Road NW, Kennesaw, GA 30152