

Peachtree Wind Ensemble **2011-2012 Young Artist Competition**



Application Form

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

INSTRUMENT: _____

SCHOOL ATTENDED: _____ GRADE: _____

PRIVATE TEACHER _____

ACCOMPANIST _____

Literature

WORK PERFORMED: _____

COMPOSER: _____ TITLE: _____

PUBLISHER: _____

WIND ACCOMPANIMENT DETAILS (If applicable):

ARRANGER: _____ PUBLISHER: _____

Certifications

By signing below, we certify the student named above is a Georgia resident, meets the age requirement, and if selected, is available to attend the required rehearsals and perform with the Peachtree Wind Ensemble on Sunday, April 22nd, 2012.

Student: _____

Parent or Guardian: _____

School Band Director: _____

Print and mail completed application and a check for \$25 postmarked by **January 13th, 2012**, to:

The Peachtree Wind Ensemble/Kelly McKinney
c/o St. Paul Lutheran School
700 Ardenlee Parkway
Peachtree City, GA 30269

(Submissions via the Internet will not be accepted)

Questions? Call Wendy 678-699-9332 Kelly 770-617-0894 or e-mail youngartistcompetition@peachtreewind.org