



ENSEMBLE Registration Form
40th Annual Lee Oler
Young Artists' Competition
Saturday, January 19, 2025

Pima Community College Center for the Arts,
 West Campus Recital Hall
 2202 W Anklam Road, Tucson, AZ

PLEASE PRINT IN BLACK OR DARK BLUE INK. INCLUDE A 4" X 6" HI-RES PHOTO OF THE GROUP.

Primary Contact Information

Who are you? (please check one box)

- one of the ensemble's young musicians parent of a musician music teacher of the ensemble

Your Name _____ Telephone(s) _____

Address _____ Zip _____

Email address (please print) _____

Name of the Ensemble _____

Composition _____

Composer _____ Movement (if applicable): _____

Number of minutes required to perform your piece _____ **Do not leave blank.** Please be accurate.

Music Teacher

(if different from the information above)

Name _____ Telephone(s) _____

Email (print) _____

Address _____ Zip _____

Signature _____

Please complete the following pages with information about all the musicians.

Please mail this form (all pages) and a check for the \$35 Registration Fee, postmarked by Monday, January 6, 2025, to: Civic Orchestra of Tucson, Attention YAC, P.O. Box 42764, Tucson, AZ 85733

Make checks payable to Civic Orchestra of Tucson. The Registration Fee is non-refundable.

You can also register online and pay with a credit card.

For more information, go to www.cotmusic.org/yac, email yac@cotmusic.org or cloler@cox.net, or call (520) 791-9246 or (520) 730-3371.

You must complete the following pages.

Members of the Ensemble

Name of the Ensemble _____

Requirements: Minimum **two** musicians, Maximum **ten** musicians, no more than **one** piano allowed.

All musicians must be in Grades 3–12 or under.

Please **PRINT** all information below.

	Musician's Name	Instrument	Grade	Date of Birth*	Permissions†
				(see below for more information)	
1.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
2.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
3.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
4.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		

Please continue on the following page if your Ensemble has more than four members.

* **Date of Birth:** This information is requested so that accurate age information can be included in concert programs if the ensemble is selected to perform as part of a COT concert.

† **Permissions:**

Checking the box in the last column indicates that the parent/legal guardian of that ensemble member gives permission for the ensemble's audition to be videotaped solely for COT's use. Audition videos will not be made public.

It also indicates that the parent/legal guardian of that ensemble member gives permission for photographs of the ensemble and the name of that member to be used on the COT website, in COT marketing materials, and released to media outlets for the promotion of the COT, if that ensemble is selected to perform.

Please check the box in the last column if the parent/legal guardian of the member named on that line grants these permissions.

Name of the Ensemble _____

	Musician's Name	Instrument	Grade	Date of Birth*	Permissions† <small>(see below for more information)</small>
5.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
6.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
7.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
8.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
9.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		
10.	_____	_____	_____	_____	<input type="checkbox"/>
	Address _____				
	Email _____		Phone _____		

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