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| <h2>Tuition Payment Plan</h2> |
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Please fill out and return with a \$50 deposit (or full payment) no later than July 1, 2010.

The full balance of your tuition account will be due no later than the second rehearsal of the season. Students will receive their music folder only after tuition is paid in full. Acceptance of membership in APYO requires that you have no schedule conflicts for dress rehearsals or concert dates as of submission of this form (see attached schedule).

Your participation includes your obligation to provide a Silent Auction donation.

Please check your Tuition Plan choice:

One Student Musician in Program

\_\_\_\_\_ \$590.00 without parent volunteer hours

\_\_\_\_\_ \$470.00 plus minimum 10 hours parent volunteer assignments

Second Student Musician in Program

\_\_\_\_\_ \$315.00 without parent volunteer hours

\_\_\_\_\_ \$250.00 plus minimum 10 hours parent volunteer assignments

\_\_\_\_\_ Financial Assistance Form attached (if needed).

Student Name \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_



ARAPAHOE PHILHARMONIC  
YOUTH ORCHESTRAS

PERMISSION and  
POLICY  
ACCEPTANCE FORM

As parents/guardians of \_\_\_\_\_, a musician in the

*(Student Musician's Name)*

Arapahoe Philharmonic Youth Orchestra program, I/we agree to indemnify and hold harmless the APYO program, the APYO Management Team and Directors, the Arapahoe Philharmonic, the Arapahoe Philharmonic Board of Directors, Officers and employees, from any and all liability from personal injury, or for property damage, all actions, causes of action, and claims of any nature that may arise as a result of my/our child's participation the the APYO program.

I/We also understand and agree that my/our child will provide his/her own instrument, unless other arrangements have been made in advance with the APYO program Directors, and that, in any case, my/our child and I/we will be solely responsible for the transportation and safeguarding of that instrument.

I/We understand and agree that my/our child may be dismissed from the APYO program at any time without refund of any moneys paid should my/our child cause problems of a musical or behavioral nature detrimental to the APYO program.

**I/We have read and understand the information and policies of the APYO program and agree to abide by them.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
*Parent/Guardian Name (please print)*                      *Parent/Guardian Signature*

\_\_\_\_\_  
*Parent/Guardian Name (please print)*                      *Parent/Guardian Signature*

**I hereby authorize the Arapahoe Philharmonic to use photos of my child in any future printed matter relating to the Arapahoe Philharmonic or Arapahoe Philharmonic Youth Orchestras.**

\_\_\_\_\_  
*Parent/Guardian Name (please print)*                      *Parent/Guardian Signature*



ARAPAHOE PHILHARMONIC  
YOUTH ORCHESTRAS

## OBLIGATIONS, RESPONSIBILITIES & EXPECTATIONS for APYO MEMBERS

The undersigned acknowledge and understand that:

1. **ATTENDANCE is MANDATORY** and directly affects the entire orchestra.
  - a. At the time of submission of this form, student has no scheduled conflicts that would prevent them from attending all dress rehearsals and concert dates: **Oct. 17, Dec. 5, and May 1.**
  - b. Two missed rehearsals for any concert will require re-auditioning on the concert music before participating in the concert.
  - c. Partial absences – tardiness or any early departure from rehearsal will be counted as half an absence.
  - d. Absence from a dress rehearsal eliminates my participation in the concert.
  - e. Attendance at two Arapahoe Philharmonic Concerts or dress rehearsals each season is mandatory. *Dress rehearsals and Concerts are free* to APYO students. Students must sign in at both dress rehearsals and concerts.
  - f.
2. **REHEARSALS** are not PRACTICES!
  - a. I will “practice” my part at home – learning my part (notes, rhythms, bowings and fingerings) before the third rehearsal on all new music.
  - b. It is my responsibility to bring a pencil to each rehearsal.
  - c. It is my responsibility to mark conductor’s instructions and bowings.
3. **All MUSIC** has been carefully selected to give me the best orchestra learning experience possible and that my commitment to the entire process (from sight reading to section rehearsals to performance) will be evaluated by my conductor throughout the season.
4. I must **RE-AUDITION ANNUALLY** and must have a positive recommendation from my conductor in order to be re-auditioned for future participation in APYO.
5. I can be dismissed from APYO for excessive absences, disruptive behavior, disrespectful behavior, and/or missed performances. No part of my tuition will be refunded if dismissal takes place under any of the above-mentioned circumstances.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

*Student Musician Signature*

*Parent/Guardian Signature*

*Please sign, make a copy for your records, and return this original to APYO.*

Arapahoe Philharmonic

Attn: APYO

2100 W. Littleton Blvd., Suite 250

Littleton, CO 80120



ARAPAHOE PHILHARMONIC  
YOUTH ORCHESTRAS

Volunteer Hours Sign-Up

It is the desire of APYO to provide volunteer opportunities for all parents wishing to support the organization and to save \$120 on student tuition. With our expanded APYO program we have more parents than volunteer hour requirements for APYO alone. For that reason we ask for help with the ushering and events management of the regular Arapahoe Philharmonic concerts.

Please mark your first and second area choices.

Note: Every effort will be made to assign you to your choice of Committees; however, assigned distribution of volunteers is necessary to fill all committee requirements.

\_\_\_\_\_ **APYO Concert/Events Committee:** Volunteers are needed for Side-by-Side, Holiday Pops, and Graduation events. Activities include: food preparation, decorations, setup/cleanup, ushers and cashiering and event management.

\_\_\_\_\_ **APYO Rehearsal Set-Up Committee:** Set up chairs, stands, musical equipment for rehearsals and all concerts.

\_\_\_\_\_ **APYO Audition Committee:** Man audition desk for student check-ins, collect audition fees during May auditions for following season.

\_\_\_\_\_ **APYO Silent Auction Committee:** Held during the Holiday Pops Concert, the Silent Auction is the APYO's fundraiser.

\_\_\_\_\_ **Arapahoe Philharmonic Concert Ushers:** APYO students or parents may usher and attend concerts free. Must commit to a minimum of five concerts.

\_\_\_\_\_ **Arapahoe Philharmonic Events Committee:** Includes support to the Arapahoe Philharmonic concerts and other orchestra related events such as the AP Silent Auction, the Spring Pops Gala, fundraisers and support to the business office.

\_\_\_\_\_  
*Volunteer's Name(s) (please print)*

\_\_\_\_\_  
*Daytime Phone*

\_\_\_\_\_  
*email*

\_\_\_\_\_  
*Evening Phone*

*Please sign and return this original to APYO if you are requesting reduced tuition.*

Arapahoe Philharmonic

Attn: APYO

2100 W. Littleton Blvd., Suite 250, Littleton, CO 80120



# Application for Financial Assistance for Tuition

All applicants for financial assistance must complete these forms in their entirety. Since funds are limited, all moneys awarded by the APYO program will be based on need only. This application is necessary to insure that the funds are allocated on the basis of need

## **AN INCOMPLETE APPLICATION WILL DISQUALIFY THE APPLICANT FROM CONSIDERATION.**

The information in this application will be reviewed by the APYO Management Team and will be held in the strictest of confidence. This form is to be filled out by the parent/guardian responsible for the support of the youth orchestra member.

### **STUDENT & PARENT RESPONSIBILITIES**

The following steps must be followed in order to receive financial assistance:

1. Complete and return the application form, with the other enclosed forms, to the APYO.
2. Exhibit a genuine desire to participate in the Arapahoe Philharmonic Youth Orchestra by exhibiting exemplary behavior, musicianship, and positive participation.
3. Sign up for Volunteer committee.
4. Parents of students receiving financial assistance will be expected to donate extra hours of volunteer service, to be determined by the amount of assistance requested.

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### **STUDENT APPLICANT INFORMATION**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Is the student employed? \_\_\_\_\_ If so, student's employer \_\_\_\_\_

How much financial assistance/scholarship are you requesting? (\$150.00 limit) \_\_\_\_\_

(over)

Honors and awards received \_\_\_\_\_

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Student's reasons for participating in the APYO program:

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Parent's explanation of need for financial assistance

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**I have read and understand the above requirements and agree to abide by them.**

|                                       |                                  |             |
|---------------------------------------|----------------------------------|-------------|
| _____                                 | _____                            | _____       |
| <i>Parent/Guardian Name (printed)</i> | <i>Parent/Guardian Signature</i> | <i>Date</i> |
| _____                                 | _____                            | _____       |
| <i>Student Name (printed)</i>         | <i>Student Signature</i>         | <i>Date</i> |



### Student Emergency Information

*Please fill out completely and return by the first rehearsal.  
Please use a separate form for each individual student.*

Student's Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parents or Legal Guardian \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Relative or Other Responsible Party \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Emergency Numbers \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Hospital (under insurance policy) \_\_\_\_\_ Phone \_\_\_\_\_

Is the student a military dependent? \_\_\_\_\_

If "yes" give TRI-CARE number or Other Information \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Group Number \_\_\_\_\_ -

Policy or Agreement Number \_\_\_\_\_

Tetanus \_\_\_\_\_ Last Injection Date \_\_\_\_\_

Allergies to  
Drugs \_\_\_\_\_

Allergies to Food and Other Agents \_\_\_\_\_

List any medications the student might have cause to use during rehearsal/concert

Is your student presently under medical treatment of which the director or sponsors of APYO need to be aware?

YES/NO

If "yes" please explain

\_\_\_\_\_



## Rehearsal and Concert Schedule 2010-2011

### Symphony and Symphonic Strings

Sept. Mon. 13 **Parent Orientation Meeting and 1<sup>st</sup> Rehearsal 7:00 –9:00 p.m.**  
 Mon. 20 Rehearsal  
 Mon. 27 Rehearsal

Oct. Mon. 4 Rehearsal  
 Mon. 11 Rehearsal  
 Sun. 17 **Side-by-Side Concert, 6 p.m.  
 Grandview High School**  
 Mon. 18 **NO REHEARSAL**  
 Mon. 25 Rehearsal

Nov. Mon. 1 Rehearsal  
 Mon. 8 Rehearsal  
 Mon. 15 Rehearsal  
 Mon. 22 Rehearsal  
 Mon. 29 Rehearsal

Dec. Sun. 5 **Holiday Pops Concert 3:00 p.m.  
 Chapparral HS**

Jan. Mon. 3 **NO REHEARSAL**  
 Mon. 10 **NO REHEARSAL**  
 Mon. 17 Rehearsal  
 Mon. 24 Rehearsal  
 Mon 31 Rehearsal

Feb. Mon. 7 Rehearsal  
 Mon. 14 Rehearsal  
 Mon. 21 Rehearsal  
 Mon. 28 Rehearsal

Mar. Mon. 7 Rehearsal  
 Mon. 14 Rehearsal  
 Mon. 21 Rehearsal  
 Mon. 28 **NO REHEARSAL – Spring Break**

Apr. Mon. 4 **NO REHEARSAL – Spring Break**  
 Mon. 11 Rehearsal  
 Mon. 18 Rehearsal  
 Mon. 25 Rehearsal

May Sun. 1 **Spring Concert & Graduation  
 4:30 p.m. South Suburban Christian Church**

### Symphony PREP

Sept. Mon. 13 **Parent Orientation Meeting  
 7:00–9:00 p.m.**  
 Sat. 18 First Rehearsal  
 Sat. 25 Rehearsal

Oct. Sat. 2 Rehearsal  
 Sat. 9 Rehearsal  
 Sat. 16 Rehearsal  
 Sun. 17 **Side-by-Side Concert, 6 p.m.  
 Grandview High School**  
 Sat. 23 Rehearsal  
 Sat. 30 Rehearsal

Nov. Sat. 6 Rehearsal  
 Sat. 13 Rehearsal  
 Sat. 20 Rehearsal  
 Sat. 27 **NO REHEARSAL**

Dec. Sat. 4 Rehearsal  
 Sun. 5 **Holiday Pops Concert 3:00 p.m.  
 Chapparral HS**

Jan. Sat. 1 **NO REHEARSAL**  
 Sat. 8 **NO REHEARSAL**  
 Sat. 15 Rehearsal  
 Sat. 22 Rehearsal  
 Sat. 29 Rehearsal

Feb. Sat. 5 Rehearsal  
 Sat. 12 Rehearsal  
 Sat. 19 Rehearsal  
 Sat. 26 Rehearsal

Mar. Sat. 5 Rehearsal  
 Sat. 12 Rehearsal  
 Sat. 19 Rehearsal  
 Sat. 26 **NO REHEARSAL-Spring Break**

Apr. Sat. 2 **NO REHEARSAL – Spring Break**  
 Sat. 9 Rehearsal  
 Sat. 16 Rehearsal  
 Sat. 23 Rehearsal  
 Sat. 30 Rehearsal

May Sun. 1 **Spring Concert & Graduation  
 4:30 p.m. South Suburban Christian Church**