2019-2020 Jazz Band Schedule:
*Students must attend all rehearsals and the concert! Please mark snow dates on your calendar.*

**SATURDAY, November 9, 2019 (tentative)**
Audition Day

**WEDNESDAY, TBA**
Rehearsal 6:00 PM—8:00 PM

**WEDNESDAY, TBA**
Rehearsal 6:00 PM—8:00 PM

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Rehearsal 6:00 PM—8:00 PM

**WEDNESDAY, TBA**
Rehearsal 6:00 PM—8:00 PM

**SATURDAY, TBA**
Student Banquet 5:00 pm (students arrive dressed for concert)
5:45 PM Short review rehearsal
Concert 7:00 pm (snow date: TBA)
*The concert is free and open to the public.*

Auditions, Rehearsal and Concert Location:
Seton Hill University Performing Arts Center
100 Harrison Avenue, Gbg, PA 15601

Tuition:
$7.00 audition fee (paid with application)
$58.00 per accepted student (paid before first rehearsal)

Audition Information:
Applicants must be in 6th, 7th or 8th grade during the 2018-2019 school year and should prepare the solo work for their instrument from the approved literature list. (list available on website)

Audition times will be mailed following the application deadline and receipt of the registration form and fee. The day begins at 9 AM and ends after the last student auditions in that group.

Please note: The solo list has been updated and is also available online at: www.setonhill.edu/cmp. The following music dealer has the book with the pieces: Amazon.com

Questions: Contact Michelle Walters at 724-552-2923 or walters@setonhill.edu.

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2019-2020 Honors Jazz Band Application

Please print clearly.

Student: ___________________________ Instrument: ____________________ Grade: _________

Address: ___________________________ City: ______________________ Zip: __________

Phone: ____________________________ School: _______________________

Email: _____________________________

Signature of Band Director or Private Teacher: __________________________________________

Band Director or Private Teacher name (please print): __________________________________

I, the parent/guardian of the student listed above, understand that my child is auditioning for the Youth Honors Band and that I will have him/her participate in all the rehearsals and the concert listed above if he or she is selected. I also understand that the adjudication comments will not be available immediately following the audition process.

Signature of Parent/Guardian: _______________________________________________________

Parents/Guardians (please print): ___________________________________________________

Return this form with payment of $7.00. Make check payable to SHU. Audition times will be mailed after the deadline.

Community Music Program, Box 390F, One Seton Hill Drive, Greensburg PA 15601

Application Deadline: October 25th, 2019