



Gerard Morris. Music Director

YOUNG ARTIST PROGRAM

September 30, 2018

Puget Sound Band Directors:

The Tacoma Concert Band is now accepting nominations of outstanding high school band students to participate in our Young Artist Program. Students selected to participate will join the Tacoma Concert Band in rehearsals and perform with the band on Saturday, February 9, 2019, at the Pantages Theater in Tacoma. Final selections of participants will be made by Maestro Gerard Morris, and consideration will be given to maintaining a balanced instrumentation and school representation.

Please nominate only your most advanced students by filling out the enclosed form. Forms are also available on our website, www.tacomacconcertband.org. The student must be capable of playing grade level 6 music. The students nominated must be available for all rehearsals and the February 9, concert. Nominations are due by November 30, 2018.

Below is the rehearsal and performance schedule. All rehearsals are in the Studio 2 Rehearsal Room on the 2nd floor of the Broadway Center and the dress rehearsal and performance is next door at the Pantages Theater.

Wednesday, January 2, 2019
Wednesday, January 9, 2019
Wednesday, January 16, 2019
Wednesday, January 23, 2019

Wednesday, January 30, 2019
Wednesday February 6, 2019
Saturday, February 9, 2019 CONCERT

Please submit your nominations by mail to:

Tacoma Concert Band
PO Box 64922
University Place, WA 98464
Or by email to:
julie_allison@comcast.net

Sincerely,

Julie Allison
Education Committee
Tacoma Concert Band



Gerard Morris, Music Director

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TO BE COMPLETED BY NOMINATING BAND DIRECTOR (Please print clearly)

Name of student _____ Instrument _____

Student Email _____ Student phone _____

Student address _____

Current grade in school _____ School _____

School District _____ Band Director _____

Band director Email _____ Director phone _____

Director address _____

Band Director Recommendation (required, may be emailed)

Private Teacher Recommendation (Optional, may be emailed)

The above named student is a current participating member in good standing of their high school band. The student is an advanced player and in my opinion highly qualified to perform with the Tacoma Concert Band. By signing below, I endorse this student's participation, if selected, in the Tacoma Concert Band's Young Artist Program.

Band Director Signature

Date

Deadline:
5 PM Tuesday, November 20, 2018

Mail nomination to:
PO Box 64922
University Place, WA 98464

Questions or email submissions:
Julie Allison
julie_allison@comcast.net



YOUNG ARTIST

PROGRAM

Gerard Morris, Music Director

Tacoma Concert Band

Young Artist Participant Commitment and Release

Student name _____ Instrument _____ Grade in school _____

E-mail _____ Phone _____

Address _____

Name of parent or legal guardian _____

I have read and accept the Expectation and Responsibilities Guidelines (Please keep that information for your reference.) required of me as a participant in the Tacoma Concert Band Young Artist Program. I further agree to abide by these requirements and understand that failure to do so will result in being removed from the program.

Student
Signature _____ Date _____

As a parent/guardian of a Tacoma Concert Band Young Artist Participant, I hereby agree that my student and I have read the Expectation and Responsibilities Guidelines. I understand that failure to follow these guidelines will result in my student being removed from the Young Artist Program.

Parent/guardian
Signature _____ Date _____

WAIVER FOR PARTICIPATION

In consideration of the Tacoma Concert Band accepting my child's entry in the Young Artist Program, I personally, on behalf of my child, assume all risks and hazards incidental to the conduct of the activity. I do further release, absolve, and waive any right to bring a claim, action, suit, or other proceeding against the Tacoma Concert Band, its staff, directors, or sponsors, for damages due to any injuries suffered as a result of participation in the program.

____ YES, you may use my child's picture for publicity purposes and publish his/her name in the program.

Parent/guardian signature

Date

Please return this form to:

Tacoma Concert Band
PO Box 64922
University Place, WA 98464
Or scan and email to
Julie Allison at julie_allison@comcast.net