



July 2017

Dear Families,

Congratulations on your student's successful audition! If you are new to Eugene-Springfield Youth Orchestras (ESYO), welcome! We are glad you are going to be part of ESYO. If you are a returning, welcome back! We are looking forward to the 2017-18 season! *Please follow the instructions below to complete your registration.*

**Your registration is due by August 15, 2017. Please mail it in as soon as possible.**

1. Download and print the entire registration packet, 6 pages total (you will need Adobe Reader). You can also pick up a packet at the ESYO office in the former Bailey Elementary school on Four Oaks Grange Rd.
2. Please read the Orchestra Policies on page 1 carefully. These are not just guidelines, they are important policies that everyone needs to follow.
3. **Everyone** must fill out the forms pages 1-5. All pages except page 4, the eligibility form, are due 8/15.
4. Eligibility forms (page 4) are due 9/25, so you can have them signed by the appropriate person at school. ESYO participants are required to also play in their school band or orchestra in order to support their music program, if at all possible.
5. If you are applying for a program fee scholarship (page 6) then include that with your registration. If you are applying for a private lesson or instrument rental scholarship (also page 6), there are other forms required here: [www.ESYOrchestras.org/programs/forms/](http://www.ESYOrchestras.org/programs/forms/). Please download and include them with your registration packet.
6. Each orchestra has its own page under the PROGRAMS tab. Please get to know your page! It includes updates, photos, and the calendar. [www.esyorchestras.org](http://www.esyorchestras.org).

**PLEASE SUBMIT YOUR REGISTRATION FORMS BY AUGUST 15, 2017.**

**Mail to: ESYO, PO Box 5666, Eugene, OR 97405.**

In person: M-Th: 10am-4pm, 2295 Four Oaks Grange Rd (look for the big Bailey Hill Elementary sign). Parking is available in the upper gravel lot, right after you turn.

ESYO is in the separate pod **behind the main part of the school.**

Finally, if your student elects not to participate in the orchestra they have been placed, please let us know as soon as possible. But we hope everyone will be a part of these wonderful ensembles. Once again, congratulations and welcome!

Thank you,

Holly Spencer, Executive Director

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www.ESYOrchestras.org



## Orchestra Policies

### Attendance

All orchestra members are expected to attend scheduled rehearsals and performances and be seated and ready to play at the designated time. This is essential for the success of the musicians and the whole ensemble! **For ALL absences and tardies, a parent must call their orchestra's registrar or submit an absence request form. Registrar names and phone numbers are posted on the corresponding orchestra web page at [ESYOrchestras.org](http://ESYOrchestras.org).**

- Taking attendance:** Each orchestra's registrar takes attendance at the beginning of rehearsal to make sure any absent student has been excused from that rehearsal.
- Excused absences:** Personal illness or family emergencies are considered excused absences. Your registrar must be called as soon as possible. If a student is not at rehearsal, your registrar will call you!
- Absence Request:** If there are any other reasons why a musician must miss a rehearsal, an Absence Request Form (available online) must be completed and given to your conductor **at least one week prior** to the missed rehearsal.
- Tardies:** Three unexcused tardies per concert set will be counted as one unexcused absence. Conductor and registrar will determine if a tardy is unexcused.
- Unexcused absence:** Absence without calling the Attendance Phone or submitting an Absence Request Form is considered an unexcused absence. **Each member will be permitted only one unexcused absence per concert set.** Otherwise, they may not be able to play on the upcoming concert.

### Rehearsal Schedule

(Specific 2017-18 dates will be posted on individual program pages of our website, [www.ESYOrchestras.org](http://www.ESYOrchestras.org) beginning Sept 1.)

**Youth Symphony:** Mondays, 6:45pm to 9pm, South Eugene HS Band/Orchestra Room

**Junior Orchestra:** Mondays, 6:45pm to 8:45pm, Roosevelt MS Band/Orchestra Room

**Little Symphony:** Mondays, 4:15pm to 5:45pm, Roosevelt MS Band/Orchestra Room

**IMPORTANT:** Musicians are expected to arrive early enough to be warmed up and ready to play by the designated time – usually 10-15 minutes. After rehearsal, registrars are available for ONLY up to 15 minutes after rehearsal ends. **Please make sure students are picked up within that time frame so that the registrars don't have to stay longer.**

### Program fee payments and refunds

- (1) Every participant must submit the Program Fee/Payment Option form
- (2) Students may not register for next year's programs until all previous accounts are current.
- (3) If your account becomes delinquent your child may be prevented from participating in ESYO programs.
- (4) Full program fee will only be refunded if the orchestra/class is cancelled by ESYO.
- (5) Students who elect to drop out will receive a maximum 50% refund if his/her participation is less than 3 months.
- (6) Students who are unable to attend rehearsals/class due to a long term (4 consecutive weeks or more) physical condition with a doctor's note will receive a prorated refund for missed activities.

### Cancelled Classes

- (1) Information concerning cancellation of rehearsals, concerts or classes can be obtained by calling the ESYO office at 541-484-0473 or on our website [ESYOrchestras.org](http://ESYOrchestras.org).
- (2) All ESYO activities will be cancelled if the Eugene 4j Schools are closed due to inclement weather or school safety considerations.
- (3) ESYO reserves the right to modify a class due to insufficient enrollment, instrumentation or extenuating circumstances.



# Musician Agreement (due by August 15<sup>th</sup>, 2017)

## RELEASE FROM LIABILITY AGREEMENT

In consideration of the right to participate in ESYO’s activities, I release any and all claims for damages and losses suffered by me or my minor child against ESYO and any officers or agents thereof. I further understand that there are certain risks inherent in this activity and that proper training and physical conditioning is necessary. I hereby agree to assume those risks on my behalf or on the behalf of my minor child and to hold harmless ESYO and its agents. I have read and understand the above.

**I have read and understand the above agreement and also the ESYO orchestra policies on page 1 of the registration packet.**

Musician Name (Last, First): \_\_\_\_\_

Signature of Student/Musician: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE

I give permission for use of photos or videos that may include my child for newsletter, web site or other marketing purposes taken during ESYO classes, rehearsals or performances.

I do NOT authorize use of my child’s photo for any reason.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**  
Non authorization copy to ED \_\_\_\_\_



**Orchestra Membership Form (due by 8/15/2017)**  
**Eugene-Springfield Little Symphony**

**Musician's Information PLEASE PRINT CLEARLY**

Name (Last, First): \_\_\_\_\_ Student's Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Student's Cell Phone: (\_\_\_\_) \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ School in Fall 2017: \_\_\_\_\_ Grade Fall 2017: \_\_\_\_\_

School band/orchestra teacher name: \_\_\_\_\_ Name of band/orchestra class: \_\_\_\_\_  
*(All musicians must be a member of their band or orchestra unless there are extenuating circumstances. Please see eligibility form.)*

Instrument: \_\_\_\_\_ Years Played \_\_\_\_ Play another instrument? How long? \_\_\_\_\_

Current Private Music Instructor: \_\_\_\_\_ Private Instructor's phone number: \_\_\_\_\_

Private Instructor's email: \_\_\_\_\_

**Parent 1 Information**

Primary contact for musician? Yes \_\_\_\_ No \_\_\_\_

Name (Last, First): \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address(if different): \_\_\_\_\_ (City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Position (Optional): \_\_\_\_\_

Preferred Language: English \_\_\_\_ Spanish \_\_\_\_ Other (please specify): \_\_\_\_\_

**Parent 2 Information**

Primary contact for musician? Yes \_\_\_\_ No \_\_\_\_

Name (Last, First): \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address(if different): \_\_\_\_\_ (City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Position (Optional): \_\_\_\_\_

Preferred Language: English \_\_\_\_ Spanish \_\_\_\_ Other (please specify): \_\_\_\_\_

For office use only:

QB \_\_\_\_ Access \_\_\_\_ Master Roster \_\_\_\_ Copy to ED with FAA \_\_\_\_ Copy to ED with PLS \_\_\_\_



**Eligibility Form and Exemption Application 2017-2018**

**\*\*This form must be completed by all students and returned to ESYO by Sept 25<sup>th</sup>, 2017\*\***

*All ESYO participants are required to play the instrument they play in their ESYO ensemble in their respective school's band or orchestra for the ENTIRE school year. This requirement was created to maintain a cooperative and supportive relationship between ESYO and the music programs in public and state-accredited private schools. There are a limited number of exemptions from this requirement. If your school does not have a band or orchestra program you are exempt from this requirement. However, you must still complete this form.*

YS \_\_\_\_\_ JO \_\_\_\_\_ LS ✓ SA2 \_\_\_\_\_ Date: \_\_\_\_\_

Musician Name (Last, First): \_\_\_\_\_ Musician Signature: \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_ Instrument \_\_\_\_\_

***Please check the appropriate box that applies to your eligibility and complete corresponding sections.***

**I am currently enrolled in my school's band/orchestra class.**

Name of school band/orchestra teacher \_\_\_\_\_

Name of school band/orchestra class \_\_\_\_\_

**The school I attend does not have band or orchestra as a part of its regular curriculum.**

School counselor/administrator signature: \_\_\_\_\_

**I am home schooled and cannot be a member of a school band or orchestra.**

Parent or guardian signature: \_\_\_\_\_

**I am a high school junior or senior and am unable to enroll in my school band or orchestra because it conflicts with another class required for graduation. This request will go to ESYO committee for review.**

Briefly describe the conflict: \_\_\_\_\_

\_\_\_\_\_

School counselor signature: \_\_\_\_\_

School band/orchestra teacher signature: \_\_\_\_\_

**I am unable to enroll in my school band or orchestra due to reasons other than those listed above. This exemption request will go to ESYO committee for review.**

Briefly describe the conflict: \_\_\_\_\_

\_\_\_\_\_

School band/orchestra teacher signature: \_\_\_\_\_

**For office use only:**

ESYO Committee: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ (recommended action) \_\_\_\_\_ Copy to ED \_\_\_\_\_





**ESYO Scholarship Application (by August 15<sup>th</sup>, 2017)**

Name of Student: \_\_\_\_\_ Orchestra/Class: \_\_\_\_\_

**Please check all that apply:** *(Due to the availability of funding, the award of one scholarship does not guarantee the award of another)*

- I'd like to apply for a **program fee scholarship**.
- I'd like to apply for an **instrument rental scholarship**.  
(applicable to students who rent instruments from ESYO only – see online form)
- I'd like to apply for a **private lesson scholarship**. *This scholarship requires two other forms available online at [esyorchestras.org/programs/forms](http://esyorchestras.org/programs/forms) to download. Scholarship consists of \$20 per lesson, maximum 1 lesson per week/5 per month from October 2017 – May 2018.*

**MONTHLY FAMILY INCOME INFORMATION (CONFIDENTIAL)**

*Please list the names of all household members who have income and their monthly earnings (before deductions).*

	Name (last, first)	Age	Monthly Earnings (Before Deductions)	Other Income (Welfare, Child Support, Social Security, Alimony, Retirement, Unemployment, Food stamps, etc.)
1.				
2.				
3.				
4.				

**TOTAL HOUSEHOLD MEMBERS:** \_\_\_\_\_ **TOTAL MONTHLY INCOME (Before Deductions) \$** \_\_\_\_\_

**DECLARATION**

- I agree to pay any remaining balance in full or set up a payment plan as listed on Program Fee & Payment Options form.
- I understand that ESYO reserves the right to request additional supporting document(s) to verify the above-stated income.
- Previous participant's accounts with ESYO must be current in order to be awarded a scholarship.
- I understand that the information on this form must be accurate and is given for the sole purpose of determining qualifications for awarding an ESYO Scholarship.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please fax or mail with your registration form, and check the appropriate box on page 1 of packet. We will notify you of the scholarship decision and amount, (based on federal guidelines), and the balance due.*

<p><b>For office use only:</b> _____ % of ESYO guideline _____ (ESYO Official)</p> <p>____ Approved PFS    ____ Denied PFS    \$ _____ amount of PFS    \$ _____ Amount of parent portion</p> <p>____ Approved IFS    ____ Denied IFS    \$ _____ amount of IFS    \$ _____ Amount of parent portion</p> <p>Private Lesson Scholarship (PLS) Financial Evaluation Score: _____ PLS Final Score: _____</p> <p>PLS Approved ____ Denied ____ Copy to ED with FAA ____ Copy to ED with PLS ____</p>
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