

(for Salvationist Musicians aged 13-18)



Future All-Stars Weekend
March 19-21, 2010
Salvation Army Conference Center
West Nyack, NY

Application

Name _____

Address _____

City _____ State _____ Zip _____

Home phn _____ Email _____

Age _____ Sex _____ Instrument _____

T-shirt size _____ Home corps _____

Division _____

Emergency contact _____ Phone _____

PARENTAL APPROVAL _____

CORPS OFFICER ENDORSEMENT _____

DMD ENDORSEMENT _____

\$50.00 ACCEPTANCE FEE (Due upon acceptance and includes meals, lodging and t-shirt)

APPLICATION DEADLINE - FEBRUARY 12, 2010

Send completed application and video audition to:

B/M Ronald Waiksnoris
New York Staff Band FAW Audition
The Salvation Army
440 West Nyack Road
West Nyack, NY 10994

Tel: 845.620.7444 Fax: 845.620.7737 Email: Ronald.Waiksnoris@use.salvationarmy.org

PARENTAL/GUARDIAN AUTHORIZATION FORM
NYSB Future All-Stars Weekend
March 19-21, 2010

Important: This document must be completed in full or your child will not be permitted to attend the NYSB Future All-Stars Weekend.

I wish to enroll the following individual in The Salvation Army New York Staff Band's Future All-Stars Weekend:

Child's full name: _____

Child's social security number: _____

By signing this document I am indicating that the health history provided to the New York Staff Band is correct and complete as far as I know. The person herein has permission to engage in all activities except as noted.

I hereby give permission to the band to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays and/or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the band to arrange necessary related transportation for me/my child.

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the band to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of the hotel.

By signing this document, I agree that my child will remain at the Comfort Inn, Nanuet (425 E. Route 59, Nanuet, NY 10954) for the duration of the weekend. In the event of dismissal due to breach of discipline or voluntary withdrawal, I understand that there will be no refund of weekend fees. If the withdrawal is due to serious illness or accident, I understand that a 'pro-rated' refund may be available.

I understand that all reasonable precautions for health and safety are taken by the New York Staff Band and participation by my child in all weekend activities is at the individual's and my own risk.

Signature of parent/guardian or adult applicant _____

Printed Name _____

Address _____

Home phn _____ Daytime phn _____

Date _____

2010 Future All-Stars Weekend

Brass Audition

Moderato **1.**

p *f* *dim.*

Più mosso ♩ = 82
cantabile **2.**

mp *mf* *mp* *cresc.* *p*

3.
♩ = 80 120

Andantino quasi allegretto ♩ = 84
delicato **4.**

pp *p*

Allegro ♩ = 112 **5.**

ff

For consideration for solo participation and/or higher placement, play a solo to demonstrate further abilities.

