

2024 Young Theatre Organist Competition Application

Personal Information

Name	
Home Address	
City, State, Zip	
Phone	()
E-mail	
Date of birth	month day year
Secondary address a	and phone number (e.g., if attending school away from home)
Address	
City, State, Zip	
Phone	()
Are you an ATOS N	Member? Yes No
If you are not curre	ntly an ATOS Member, have you ever been a member in the past?
Yes No	Year of membership? (if known)
Are vou a member o	of a local ATOS Chapter? Yes No
•	ocation?
1	
Instrument Infor	<u>rmation</u>
Please provide the in	nformation about the instrument recorded and the recording media used.
Make of instrument	(e.g., Wurlitzer, Kimball, Allen):
Size of instrument:	Manuals Ranks/Voices



Musical Information

In the space provided, please provide the information about the musical works you recorded.

A.	Up-Tempo
	Name of composition:
	Composer:
	Duration: (may not exceed 5 minutes):
	Arranger:
В.	Ballad/Lyrical composition
	Name of composition:
	Composer:
	Duration: (may not exceed 7 minutes):
	Arranger:
C.	Medley
	Selections in medley:
	Composer:
	Duration: (between 5 and 10 minutes):
	Arranger:
D.	Classical Work or Transcription
	Name of composition:
	Composer:
	Duration: (may not exceed 10 minutes):
	Arranger:



Background Information

Please submit a résumé of 300 words or fewer and a current photograph. Submit these materials with the rest of your materials.

Entrant Information

Phone

I have read and complied with all that all of the information provided	of the rules and guidelines for the Young Theatre Organist Competition and in this form is true and accurate.	d certify
Signature of applicant:		
Date (mm/dd/yy):		
Parent/Guardian Signature (if ea	ntrant is under 18 years of age)	
your parent or legal guardian.	years of age as of July 18, 2024, the following information must be compared by the following information must be accompared are under 18 and are selected as a finalist, you must be accompared on formation of your parent or guardian's choosing at the competition event.	anied by
Applicant's Name		
Address		
City, State, Zip		
Home Phone	()Mobile ()	
	st in the Young Theatre Organist Competition, I give them permission to at 2024 Young Theatre Organist Competition.	ttend the
Parent or guardian signature		
Please print name		
Relationship to applicant		
The adult who will be accom	panying them will be	
Name:		
Address:		
City, State, Zip		



Please send this application and all supporting materials to Luke Staisiunas 1.staisiunas@atos.org

All application materials must be received no later than May 5, 2024

APPLICATION CHECKLIST

Have you completed and included the following items? □ Your competition recording □ Your signed and completed Application Form □ If you will be under 18 as of the time of the competition, the signed form by your parent or legal guardian (on page 3) □ Your photograph and biography (not to exceed 300 words) Submitted digitally by May 5, 2024