

All City Orchestra at **theMann.**
Summer Academy

Lead Artistic Partner The Philadelphia Orchestra



Application Information

First Name: _____ Middle Name: _____

Last Name: _____ Nickname/Preferred Name: _____

Home Address: _____

City: _____ State / Province: _____ Postal Code _____

Home Phone Number: _____ Mobile Phone Number: _____

Email Address: _____

Gender: _____ Date of Birth : ____/____/____

Ethnicity (check one):

- White/Caucasian
- Hispanic/Latino
- Black/African-American
- Asian
- American Indian/Alaska Native
- Middle Eastern/North African
- Native Hawaiian/Pacific Islander
- Other (Please specify): _____

Shirt Size (circle one): XS S M L XL XXL

With whom do you reside? _____

What is your primary instrument? _____

Do you take private lessons, if so with whom? _____

Do you own your instrument? _____

Name of Applicant's Current School _____

Grade going into the Fall _____

Have you attended a summer/enrichment program in the past two years? _____

Program #1 Name _____

Program #1 Year(s) Attended _____

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Name of Program #2 _____

Program #2 Year(s) Attended _____

Does the applicant have a chronic health problem or disability about which the medical staff should know?

Please explain the details of the condition, diagnosis, treatment (including medications), and any possible restrictions of activities. _____

Has the applicant's education ever been interrupted because of medial/emotional issues, suspension, expulsion, or as the applicant ever been asked to withdraw from any school? _____

Please explain the nature of the issue/circumstance, the applicant's current educational status, and the affected grades and placement in school. _____

Parent/Guardian First Name _____ Parent/Guardian Last Name _____

Parent/Guardian Relationship to Student _____

Parent/Guardian Email Address _____

Parent/Guardian Employer _____

Parent/Guardian Mailing Address (if different from above) _____

Parent/Guardian Home Phone _____

Parent/Guardian Mobile Phone _____

Parent/Guardian Work Phone _____

Parent/Guardian Signature: _____ Date _____

Student Signature: _____ Date _____

Please mail a completed application to:
The Mann Center for the Performing Arts
c/o All City Orchestra Summer Academy
123 South Broad Street, Suite 815
Philadelphia, PA 19109