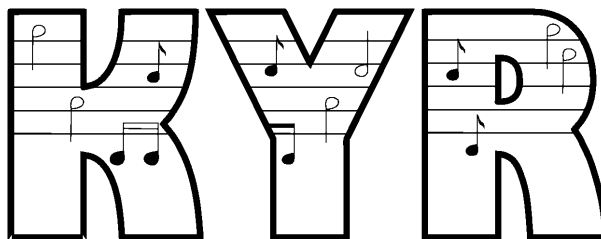


Kentmusic



Kent Youth Recorders

**Are you a keen recorder player ?
Have you passed your grade 7?
Then come and join us.**



**Fill in the attached application form and return it to:
Valerie Cordina (Ref. KYR),
Kent Music, Astley House, Hastings Road,
Maidstone, ME15 7SG (Tel - 01622 358402)**

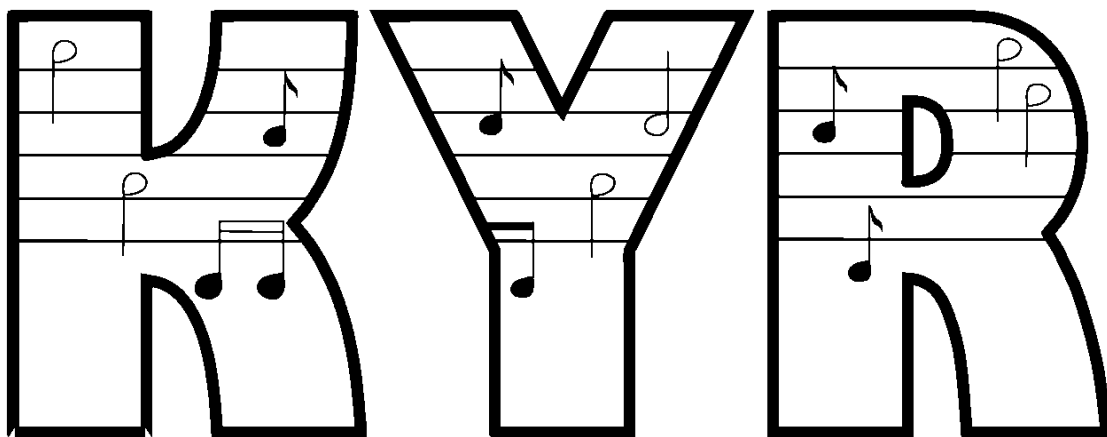
Kent Music
Astley House
Hastings Road
Maidstone
Kent ME15 7SG

T 01622 69 12 12
F 01622 358 416
E info@kent-music.com
www.kent-music.com

Kent Music is a partner in music education with Kent County Council and Medway Council and is a member of the Federation of Music Services
Patron Sir Peter Maxwell Davies CBE **President** Sir Simon Rattle CBE



Registered Charity No. 1110639 Limited Company No. 5464855



Audition Requirements

Please note that current members of Kent Youth Recorders need not re-audition.

PIECES

Prepare and perform two pieces, or one piece and one study, of the candidate's choice. The pieces should demonstrate different styles and preferably be on two different instruments. If required an accompanist will be available.

SCALES AND ARPEGGIOS

1. Two major and two minor scales, with their arpeggios, of the candidate's own choice.
2. Chromatic scale on F for two octaves.
3. One dominant seventh and one diminished seventh, of the candidate's own choice.
4. All of the above should be prepared both tongued and slurred.

SIGHT-READING

Demonstrate sight-reading on either Descant or Treble Recorder.

N.B. All members of KYR are expected to play the Bass Recorder but it is understood that players may not have one available on which to practise. It is recommended that players learn to read bass clef playing a Treble Recorder. KYR owns Bases that could be made available for practise and will be available on courses.

KYR Application Form

Please complete and return this form as soon as possible to:
Valerie Cordina (Ref. KYR), Kent Music, Astley House, Hastings Road,
Maidstone, Kent, ME15 7SG (Tel. 01622 358402)

Surname (CAPS) _____ Forename _____

Address _____

Post code _____ Tel. no. _____ D.o.b _____

Email address _____

Please circle the instrument/s you are able to play: Descant Treble Tenor Bass

Approximate Associated Board standard: Grade ____ date of exam (if taken) _____

Name and telephone number of recorder teacher _____

Please list any other recorder ensembles that you currently attend: _____

MEDICAL DECLARATION

In the event of an accident or illness, I do/do not (*) give permission for my son/daughter/ward (*) to receive any medical attention which may be necessary, including anaesthetic and blood transfusion.

Please state below details of any medical condition, allergies or treatment for which permission is withheld.

Signed _____ (parent/guardian) Date _____

Name (CAPITALS PLEASE) _____

EXEAT

(for players under the age of sixteen.)

I do / do not (*) give permission for my son / daughter / ward (*) to leave the rehearsal and concert venues during any timetable breaks.

Signed _____ (parent/guardian) Date _____

Name (CAPITALS PLEASE) _____

(*) Please delete as appropriate