



Henry H. Stambaugh Youth Concert Band
stambaughauditorium.com/sycb

Information and Schedule

Founded in 2001, the Henry H. Stambaugh Youth Concert Band is celebrating its twenty-third season. The Stambaugh Youth Concert Band (SYCB) provides extracurricular, high quality music education and performance opportunities for outstanding young musicians selected through auditions. Membership in the Stambaugh Youth Concert Band is a prestigious honor. Students have the opportunity to gather each week with like-minded peers from schools and communities throughout Northeast Ohio and Western Pennsylvania to enhance their musical foundation and artistry. Over the years, many students who participated in the Stambaugh Youth Concert Band have continued their music education at the college level and have pursued careers in music performance or music education. While promoting musical excellence, the Stambaugh Youth Concert Band reinforces the importance of teamwork, discipline, and fosters the lifelong appreciation of music.

The following information is for students preparing to audition.

General Requirements:

Stambaugh Youth Concert Band

- Student must be:
 - A member in good standing of their high school instrumental music program
 - In grades 9 through 12 as of Fall 2025, consideration given to 8th graders
 - Recommended by their high school band director
- Home school students must be recommended by private teacher
- Students are required to bring the included signed permission form to their audition
- Students selected will follow all guidelines, rules, and regulations of SYCB
- Students selected are **required** to complete an online emergency contact form that can be found on stambaughauditorium.com/sycb
- Students becoming members of SYCB for the full 25/26 school year will be responsible for an \$100.00 fee for the year **due by Thursday, October 23, 2025.**
 - Unpaid fees will increase to \$125.00 after Thursday, October 23rd.
- Students becoming members of SYCB for the spring semester only will be responsible for a \$65.00 fee for the semester
- A required student/parent meeting will be held **Tuesday, September 9, 2025, at 6:00 pm in the DeYor PAC/Powers Auditorium.** The meeting is to review procedures and expectations for all students participating in SYCB.



Jazz Ensemble

- Students interested in the rhythm section of the Jazz Ensemble do not need to participate in Stambaugh Youth Concert Band - all other instruments are **required** to participate in Stambaugh Youth Concert Band to participate in Jazz Ensemble

Audition Schedule:

- Auditions will be held Monday, April 20th and Tuesday, April 21st from 5:00 pm – 8:00 pm. Auditions last no longer than 10 minutes.
- During auditions, students can also audition for Jazz Band during the same time slot, but are required to participate in Stambaugh Youth Concert Band
- To reserve an audition time, please visit **stambaughauditorium.com/sycb**, questions can be directed to Stambaugh Auditorium at 330-259-0555 Monday thru Thursday 10:00am – 5:00pm

Audition Materials and Information:

Stambaugh Youth Concert Band

- Musicians should prepare a segment with contrasting styles from a solo, not to exceed five minutes in length, at the *OMEA Class C level minimum*.
- Musicians will also be asked to sight read a short excerpt and sound tuning pitches.
- Appointments must be made to reserve an audition time. Please complete the link online at **stambaughauditorium.com/sycb** or call the Stambaugh Auditorium administrative office at 330-259-0555 if you have any questions.
- Please arrive at least 10 minutes early for your audition.
- Students should enter via the west entry doors (parking lot side of the building), will be checked in, and then go to the warmup area.
- Students will be called and directed to the audition space for their audition.

Jazz Ensemble

- Students can mark on their audition forms if they would like to be considered for Jazz Ensemble during their reserved SYCB audition time.
- If being considered, then they will be asked to sight-read 8 bars of music and to focus on stylistic choices.

General Guidelines:

- Most rehearsals will be at Stambaugh Auditorium, 1000 5th Avenue, Youngstown, OH 44504
 - Jazz Band rehearsals are held every Tuesday unless otherwise noted from 5:00 pm - 6:00 pm before concert band rehearsal. Concert band rehearsals are held every Tuesday unless otherwise noted from 6:00 pm - 8:30 pm.
 - A parent meeting will be held on September 9 at 6:00 pm
- Uniformed Security will be present at all SYCB functions



- **Students are required to attend all rehearsals and concerts of the SYCB**
 - It is imperative that all students and guardians check the SYCB and personal schedules regarding attendance at rehearsals and performances.
 - Students are only allowed **2** absences per semester (Fall/Spring)
 - **Students must communicate via email/Remind App and Google Form any excused absences no later than the Friday before the following Tuesday rehearsal.**
 - Emergencies are understandable, and will be handled on an individual basis.
 - Excessive absences will be handled on an individual basis.
 - Work is **not** considered an excused absence
 - If a conflict arises with respective school band activities, the student will honor their obligation to their high school band first. Please communicate in advance of any conflicts.
 - Absences due to athletics, musicals, or other activities will be handled on an individual basis.
 - Failure to communicate effectively, or miss rehearsals without communication could result in removal from the SYCB
- Students are to have their music prepared for each rehearsal
- Band members will be given complete band information, calendar, and updated policies at the first rehearsal. This information will also be available for download at stambaughauditorium.com/sycb.

Communication

- All announcements including audition results, information, rehearsal schedules, and weather related updates are posted:
 - Weekly Emails (Please check your Promotions and Spam folders!)
 - Remind App
 - Code will be given at the parent meeting on Tuesday, September 9th

Concert Dress Code

- Males
 - White long sleeve button up dress shirt, long black tie, black dress pants, black belt, long black dress socks, black dress shoes.
- Females
 - Black dress- mid-calf or ankle length, $\frac{3}{4}$ sleeves or long sleeves with a tasteful neckline
 - Black slacks, black sweater or black blouse ($\frac{3}{4}$ or long sleeves)
 - Flats or 1 inch heel shoe with black socks or black pantyhose
- **NO** sneakers, sandals, flip flops, jeans



2025-2026 Audition, Rehearsal, and Performance Schedule

Stambaugh Youth Concert Band (SYCB) is comprised of the best local high school musicians in Northeast Ohio and Western Pennsylvania

Auditions: To reserve an audition time, please visit stambaughauditorium.com/sycb, questions can be directed to Stambaugh Auditorium 330-259-0555

Auditions will be held Monday, April 20th and Tuesday, April 21st from 5:00 pm – 8:00 pm. Auditions last no longer than 10 minutes.

Audition Repertoire: Auditionees should prepare a solo not to exceed five (5) minutes in length, at the OMEA Class C level (minimum) that exhibits contrasting styles. Auditionees will also be asked to sight-read a short excerpt.

Fall Rehearsals: Begin Tuesday, September 9, 2025, from 6:00 pm – 8:30 pm

Spring Rehearsals: Begin Tuesday, January 6, 2026, from 6:00 pm - 8:30 pm

Fall Concert: Tuesday, November 11, 2025, at 7:30 pm
Dress rehearsal: Monday, November 10, 2025, from 6:00 pm to 8:00 pm
Tickets go on sale: Monday, September 29, 2025

Mid Season Concert: Sunday, February 1, 2026 - tentative date

Spring Concert: Tuesday, April 15, 2026, at 7:30 pm
Dress rehearsal: Monday, April 14, 2026, from 6:00 pm to 8:00 pm
Tickets go on sale: Monday, March 2, 2026

Location: Stambaugh Auditorium, 1000 5th Avenue, Youngstown

Conductors: Mr. Tyler Husosky, Dr. Kate Ferguson, and Mr. Nathan Sensabaugh

Please see your band director for an application form and information sheet!

www.stambaughauditorium.com/sycbmembers



Date	Day of the Week	Scheduled Activity
September 9	Tuesday	Student and Parent Meeting, 6-7 PM
September 9	Tuesday	Rehearsal
September 16	Tuesday	Rehearsal
September 23	Tuesday	Rehearsal
September 30	Tuesday	Rehearsal
October 7	Tuesday	Rehearsal
October 14	Tuesday	Rehearsal
October 21	Tuesday	Rehearsal
October 28	Tuesday	Rehearsal
November 4	Tuesday	Rehearsal
November 10	Monday	Dress Rehearsal: 6-8 PM (use North entrance door to enter the building)
November 11	Tuesday	Fall/Winter Concert begins: 7:30 PM (6 PM call on stage for warm-up, final run through. Use North Entrance)
Holiday Vacation		
January 6	Tuesday	Rehearsal
January 13	Tuesday	Rehearsal
January 20	Tuesday	Rehearsal
January 27	Tuesday	Rehearsal and Senior Solo Auditions
February 1	Sunday	Mid-Season Concert - tentative date
February 3	Tuesday	Rehearsal
February 10	Tuesday	Rehearsal
February 17	Tuesday	Rehearsal
February 24	Tuesday	Rehearsal
March 3	Tuesday	Rehearsal
March 10	Tuesday	Rehearsal
March 17	Tuesday	Rehearsal
March 21	Saturday	YSU Percussion Invitational - 12-4 PM
March 24	Tuesday	Rehearsal
March 31	Tuesday	Rehearsal
April 7	Tuesday	Rehearsal
April 13	Monday	Dress Rehearsal 6-8 PM
April 14	Tuesday	Concert 7:30 PM

Henry H. Stambaugh Auditorium Association
 One Thousand Fifth Avenue, Youngstown, Ohio 44504
 Office: 330-747-5175 | Box Office: 330-259-0555
stambaughauditorium.com



Henry H. Stambaugh Youth Concert Band

Permission Form

*Complete the entire form and return by Tuesday, September 30th.

Student Name: _____ Age: _____

Date of Birth _____ Grade: 9 10 11 12

Home Address: _____

City _____ State _____ Zip code _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Instrument: _____

School: _____

Band Director: _____

Private Music Teacher: _____

We do hereby state that the student applying and auditioning for the Henry H. Stambaugh Youth Concert Band is a member in good standing of their high school band and if selected, will abide by all rules, regulations, and guidelines of the Henry H. Stambaugh Youth Concert Band.

Student Signature _____

REQUIRED* Parent Signature _____

REQUIRED* Band Director Signature _____

Office use only:

The Henry H. Stambaugh Auditorium Association

Video, Audio and/or Photography Consent and Release Form

In consideration, hereby acknowledged as received, I, being of legal age, or being the parent and/or legal guardian of the child herein listed who is under the age of eighteen (18), give consent to being video and/or audio recorded and/or photographed by The Henry H. Stambaugh Auditorium Association or its agents ("HHSAA"). I also grant the HHSAA the perpetual, absolute and irrevocable right and permission to use my name and to use, reproduce, edit, exhibit, project, display, copyright, publish and/or resell photographic pictures, moving pictures, videotaped images of me with or without my voice, or in which I may be included in whole or in part, and to circulate the same in all forms and media (including, but not limited to, a YouTube video, HHSAA website, any publications, advertising, promotion, videotapes, audio tapes, compact disc, computer files, film, slides and photographs) for entertainment, education, all forms of advertising, promotion, or any lawful purpose.

Any use of my or my child's appearance, likeness, image, voice, and conversation, as the same may be edited, cut, arranged, adapted, dubbed or otherwise revised by HHSAA will not entitle me to receive any wages, benefits, fees, royalties, compensation or other consideration whatsoever. I agree that HHSAA is the sole owner of all rights in the negatives, photographs, video recordings, prints, and all other tangible media bearing my photograph, name, likeness or performance, including full domestic and foreign copyrights therein, and shall have the exclusive right to make use of these materials as it wishes, including, but not limited to, the right of performance, display, reproduction and distribution in all forms, including advertising/promotion, and the right to create, perform, display, and reproduce derivative works thereof.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the editorial, advertising or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, reproduction, copy and/or soundtrack may be applied.

I hereby release, discharge and agree to hold harmless, HHSAA, its representatives, assigns, employees, or any person or persons, corporation or corporations, acting under its permission or authority, or any person, persons, corporation or corporations, for whom HHSAA might be acting, including any agency or firm publishing or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring or alteration, optical or audio illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its use, publication or distribution.

ACTOR, ACTRESS, MODEL AND/OR PARTICIPANT SIGNATURE:

I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant and represent that I fully understand the contents thereof.

Participant Name: _____ Date: _____

Participant Signature: _____ E Mail Address: _____

Address: _____

PARENT/GUARDIAN SIGNATURE (if necessary):

I hereby certify that I am the parent and/or legal guardian of a child under the age of eighteen (18) and in consideration of value received, the receipt of which is hereby acknowledged, I hereby consent that any photographs/video/audio which have been, or are about to be taken by the photographer/videographer/audiographer, may be used for the purposes set forth in the original release herein above, signed by the child model, with the same force and effect as if executed by me.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ E Mail Address: _____

Address: _____ (if different from above)



EMERGENCY CONTACT FORM
(CONFIDENTIAL - FOR INTERNAL REFERENCE ONLY)

STUDENT NAME: _____

PHONE: _____ AGE/ DATE OF BIRTH: _____

LOCAL ADDRESS: _____ CITY, STATE, ZIP: _____

COUNTY _____

EMAIL _____

GRADE/SCHOOL DISTRICT: _____ INSTRUMENT: _____

DO YOU HAVE ANY ALLERGIES? PLEASE SPECIFY: _____

PLEASE NOTE ANY MEDICAL CONDITIONS: _____

PLEASE NOTE ANY MEDICATIONS:

HEALTH INSURANCE PROVIDER: _____

POLICY NUMBER: _____

EMERGENCY CONTACT INFORMATION:

1 NAME: _____ RELATIONSHIP: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL _____

2 NAME: _____ RELATIONSHIP: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL _____