

Youth Orchestra Audition Form (Spring 2012)

Student Information

Name: _____ Age: _____
Address: _____ Instrument: _____

Years of Study: _____
School: _____
Grade: _____

Parent/Guardian Information

Name(s): _____
Address: _____

Home Phone: _____ (if different than cell)
Cell Phone: _____ (name of cell user: _____)
Email 1: _____
Email 2: _____ (optional)

Teacher Information

School Orchestra/String Ensemble Director: _____
Private Teacher: _____
Private Teacher Phone: _____
Private Teacher Email: _____
Years of Study with current teacher: _____

Musical Repertoire Information

Names of Two Pieces/Sections and Composer(s) for audition:

1. _____ Composer: _____
2. _____ Composer: _____

Please list any additional ensembles, solo competitions, musical awards, district orchestra, etc.

What are your goals during your participation in the Youth Orchestra:

Office Use Only

Audition Date: _____ Time: _____ Placement: _____