

APPLICATION FOR AUDITION, 2009-2010 SEASON

*Complete this form when you schedule your audition time. Bring it with you to your audition.
Please print clearly or type.*

LAST NAME FIRST NAME MIDDLE INITIAL

STREET APT. NO.

CITY STATE ZIP

E-MAIL ADDRESS (STUDENT)

HOME PHONE CELL PHONE

DATE OF BIRTH AGE TODAY GRADE IN SCHOOL IN 2009-2010

SCHOOL CITY/STATE

Instrument(s) _____ Total years of study _____

Years with current teacher _____ Private teacher _____

List major repertory you have studied: (use the back of this page for more space if needed)

Musical experiences (awards, competitions, school programs, camps, etc.):

Do you participate in your school music program? Yes No

How did you hear about the USM Youth Ensembles?

Are you currently a member? Yes No If so, of which group? _____

Assigned audition date and time: Date _____ Time _____
DATE AND TIME MUST BE SCHEDULED BY PHONE ON OR AFTER MAY 18.

Audition piece(s)/Composer(s) _____

PARENT/GUARDIAN NAME (PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE DATE

CELL WORK

PARENT/GUARDIAN ALTERNATE DAYTIME PHONE PARENT/GUARDIAN E-MAIL ADDRESS