



AUDITION INFORMATION FORM

Please complete form and return prior to your audition.

NAME _____ INSTRUMENT _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (day) _____ PHONE (evening) _____

EMAIL ADDRESS _____

How many years have you been a studying your instrument? _____

List previous and current private music instructors with whom you have studied your instrument.

List all previous and current orchestras or ensembles in which you have been or are a member.

List any previous solo experience, including composer, title, orchestra performed with, and dates.

List former and current education, including the institution, dates, and any degrees (both music and non-music).

Evaluate your musicianship:

	Strong	Average	Weak
Individual music preparation	[]	[]	[]
Sight reading	[]	[]	[]
Faithful attendance to rehearsals	[]	[]	[]
Individual practice time	[]	[]	[]
Technique	[]	[]	[]
Timbre (sound quality)	[]	[]	[]
Leadership skills	[]	[]	[]

List any other instruments you are well versed and proficient in, including any doubling instruments that correspond to your main instrument and any keyboard instruments.

I certify that the above information is true and correct.

Signature

Date