

# Chester Springs Youth Orchestra

## Chamber Strings Audition Application

Thank you for your interest in auditioning for the Chester Springs Youth Orchestra. A non-refundable audition fee of \$20 is required with each application. Please make check or money order payable to CSYO and mail to:

**CSYO, 96 N. Savanna Drive, Pottstown, PA 19465**

Upon receipt of this form and fee, the administrator will call or email you to schedule an audition time. Please download the audition information and orchestra requirements from [www.ChesterSpringsYouthOrchestra.org/auditions.html](http://www.ChesterSpringsYouthOrchestra.org/auditions.html) Or, you may request to have paper copies mailed to you by checking below.

Would you like us to mail you paper copies of the audition information? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
APPLICANT NAME (Last) (First) (M.I.)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
TELEPHONE EMAIL ADDRESS DATE OF BIRTH (mm/dd/yyyy)

\_\_\_\_\_  
INSTRUMENT YEARS OF STUDY

\_\_\_\_\_  
SCHOOL MUSIC TEACHER GRADE

\_\_\_\_\_  
PRIVATE MUSIC TEACHER

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
STUDENT SIGNATURE (By signing, the student agrees that s/he has read the application requirements and understands the scale requirements for each orchestra).

\_\_\_\_\_  
SIGNATURE: PARENT/GUARDIAN (Required for students under the age of 18)

Please list on the back of this form, any awards, honors, or special recognitions you have received.

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**CSYO Season: 2013 (For Office Use Only)**

- Intonation:
- Tone:
- Rhythm:
- Technique:
- Musicality:
- Sight-reading:
- Instrument:
- Student is assigned to: