

Chester Springs Youth Orchestra

Youth Orchestra 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 refer to this web page www.ChesterSpringsYouthOrchestra.org/auditions.html for audition information and orchestra requirements. 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.

CSYO Season: 2013 (For Office Use Only)

Intonation:

Tone:

Rhythm:

Technique:

Musicality:

Sight-reading:

Instrument:

Student is assigned to: