

Clarksville Youth String Orchestra

Audition Application

Date: _____

Returning Students - only indicate changes

First Name: _____ Last Name: _____

Parent's Names: _____

Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (h) _____ (c) _____ (w) _____

Email Address: _____

Contact preferences: **Phone:** home cell work **Text messaging:** yes no **Email:** yes no

Birth Date: _____ Age: _____

School: _____ Grade: _____

Instrument: Violin Viola Cello Bass **Division:** Overture Intermezzo Eleganza

Private Instructor: _____ How long: _____

Teacher Contact Information: _____

How long are you accustomed to practice? _____ How often per week? _____

Do you plan to attend College? _____ Yes _____ No _____ Undecided

If yes, do you plan to:

Continue in music: _____ Yes _____ No _____ Undecided

Major in music: _____ Yes _____ No _____ Undecided

Students will receive one free orchestra T-shirt per school year.

Please circle one of the following:

Yes, I need a new T-Shirt: YM YL S M L XL 2XL 3XL

No, I do not need a new T-Shirt: No, thank you

Please return this application at time of audition