NEW WORLD youth ORCHESTRAS

2015-2016
Audition Application Form

Name: _____ **Birthdate:** _____ **Age:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: (_____) _____ **Student E-mail:** _____

Grade in school for Fall 2015: _____ **Parent E-mail:** _____

Parent/Guardian _____

School attending in Fall 2015: _____

School Orchestra or Band Director: _____

Audition Instrument: _____
(For more than one instrument submit separate applications for each instrument – flute/piccolo, oboe/English horn, clarinet/bass clarinet excluded from that requirement, but note the additional instrument above and expect to be scheduled for an additional time slot.)

Total number of years of study on your audition instrument: _____

Private Teacher's Name: _____

Private Teacher's City: _____ **Phone:** _____

Private Teacher's E-mail Address: _____

Does your school have music programs? (circle all that apply) **BAND** **ORCHESTRA** **CHOIR**
Do you play with school music groups? (circle all that apply) **BAND** **ORCHESTRA** **CHOIR**

Orchestral experience: _____

Other noteworthy musical experiences: _____

Please circle one: Are you a NEW APPLICANT or RETURNING MEMBER?

If a returning member, please circle one: Re-Audition for current orchestra Audition for next level orchestra

Preferred Audition Date and Time (See website for the complete list of dates). We will do our best to give you your preference, but cannot guarantee the availability of your top choices.

1st choice (date): _____ 1st choice time(s): _____
2nd choice (date): _____ 2nd choice time(s): _____

Please provide an accurate email address as your audition date and time will be communicated via email.

Mail application fee ($30 non-members, $10 members) and form to:
New World Youth Orchestras / Symphony Centre
32 E. Washington St., Ste 950 / Indianapolis, IN 46204
Office Only:
Date Application Received:
Audition fee Received: Y N Check #: _____ / Cash: ____ / Paypal Conf. #: _____
New Applicant: Y N