



**Sheboygan Symphony Orchestra
Audition Form**

Name: _____

Address:

City/Zip Code:

Home Phone:

Cell Phone:

Email address:

Primary Instrument: _____

Secondary Instrument(s) you would feel comfortable doubling on: (exs. piccolo, English horn, bass clarinet, contrabassoon, saxophone, etc.)

Are you available to attend rehearsals on Tuesday evenings? Yes___ No___

Please list your orchestral ensemble experience and approximate number of years:

Committee Comments/Recommendations:
