



Date: _____

**Sheboygan Symphony Orchestra
Audition Form**

Name: _____

Address: _____

City/ZipCode: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

**Primary
Instrument:** _____

Title of Solo: _____

**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: