

Sheboygan Area Youth Symphony

AUDITION FORM

Student Name: _____ Instrument: _____

Grade in Fall **2019**: _____ School in Fall **2019**: _____

Address: _____

Home phone: _____ Student cell: _____

Student email address: _____

Names of parent(s)/guardian(s): _____

Parent/guardian cell: _____ Parent/guardian email: _____

How long have you been playing above instrument? _____

Do you take private lessons? _____ If yes, name of teacher: _____

Current school music teacher: _____

Title of your solo selection: _____ Composer: _____

WSMA difficulty level of solo (circle one, **IF KNOWN**): A B C

Were you a member of SAYS in the 2017-18 season? If so, which ensemble? _____

Sinfonia members: all current members of Sinfonia will be considered for Concert Orchestra placement. If you are a member of Sinfonia and would like to stay in Sinfonia for the 2019-20 season, please indicate below:

_____ I request to stay in Sinfonia for the 2019-20 season.

Do you have any Monday after school/evening commitments that might conflict with our rehearsal schedule (4:30-6:00 pm Sinfonia; 6:30-9:00 pm Concert Orchestra)?:

If new to SAYS, how did you hear about SAYS Auditions?

Family/friend _____ School teacher _____ Private teacher _____ Website _____

SAYS performed at my school _____ SAYS conductor visited class _____ SAYS brochure _____

Other (please explain) _____