

WCMS Summer Chamber Music Festival

Audition Form 2017

Date _____ Name _____

Parent/Guardian Name _____

Address _____

Phone # _____ Email address _____

T-shirt size: Adult? ___ Youth? ___ Circle one: XS S M L XL XXL

Grade _____ Age _____ Instrument _____ Length of study _____

Name of Private Teacher _____

Teacher Phone # _____ Teacher email address _____

How did you hear about this program? _____

Are you auditioning for the Ensemble-in-Residence? (for high school juniors and seniors only)

Please list the titles and composers of your audition pieces:

Please list the repertoire you have learned in the past year:

Please list the scales that you have learned to play (including number of octaves):

Do you have prior ensemble experience (small or large group)? If yes, please describe: