

SO/SE Audition Application 2009-2010 Academic Year

APPLICATION DEADLINE: received or postmarked by
August 19, 2009

FOR OFFICE
USE ONLY

(Do not write here)

- SO
 SE

PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:

Community Music School of Webster University
Attn: Ensembles Coordinator
470 E. Lockwood Ave.
St. Louis, MO 63119
(314) 968-5939 FAX: (314) 963-6268

Check the orchestra/ensemble for which you are auditioning

(you may select more than one*).

- String Ensemble
 String Orchestra

*To audition for Young People's Concert or Symphonic Orchestras, submit the preceding application.

***** DO NOT SEND MONEY AT THIS TIME. *****

PLEASE PRINT OR TYPE

Student Name _____ Age _____ Date of Birth _____

Audition Instrument(s) _____ Total years studied _____

Mother's Name _____ Father's Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone (____) _____ E-mail address _____

Day Phone (Mother) (____) _____ Day Phone (Father) (____) _____

Emergency phone (____) _____ Emergency Contact Name _____

School _____ District _____ Grade in Fall 2009 _____

School Music Teacher _____

I understand that participation in the Community Music School ensembles requires enrollment in my relevant school orchestra or band program.

Parent's (guardian's) signature _____

Student's signature _____

(over)

(To be completed by the student)

Student's Name _____

Audition Instrument _____ Grade in Fall 2009 _____

Do you study privately: (No teachers' names, please) YES NO
If yes, does your private instructor know of your audition plans? YES NO

Previous Community Music School experience:

- String Ensemble
- String Orchestra

What other ensemble experience have you had? (Please include school orchestras/ensembles.)

PLEASE DO NOT WRITE BELOW THIS LINE

Scale(s) _____

Title of Solo _____

AUDITION EVALUATION

	Intonation	Rhythm	Tone Quality	Musical Expression	Comments
Scale					
Solo					
Excerpt					

ACCEPTED SE SO

NOT ACCEPTED

Recommended for: _____