



CHATTANOOGA SYMPHONY & OPERA

Youth Orchestras

Audition Request Form

Student's Full Name: _____

Mailing Address: _____
Street Apartment Number

City State Zip Code

Home Telephone Number: _____ Other Contact Number: _____

Audition Instrument: _____ Date of Birth _____

String players, please check the orchestra you wish to audition for (check only one):

___ Prelude ___ Etude ___ Philharmonic ___ Symphony

Please list any unavoidable conflicts with the audition schedule _____

School **(2017-2018)** _____ Grade **(2017-2018)** _____

\$20.00 Audition Fee Enclosed: ___ Cash ___ Check ___ Money Order
(Make checks payable to CSO Youth Orchestras.)

Mail this form, a completed 2017-18 CSOYO application, and a signed code of conduct with the \$20.00 (non-refundable) audition fee to:

CSO Youth Orchestras
ATTN: Auditions
701 Broad Street, Suite 101
Chattanooga, TN 37402

Audition request form must be received by April 21, 2017.

<p><i>Official Use Only.</i> <i>Date rec'd</i> _____ <i>Application rec'd</i> _____ <i>Audition assign.</i> _____ _____</p>
