

CREW ENSEMBLE - AUDITION FORM

fax to 703-815-6690

THIS PART TO BE FILLED OUT BY AUDITIONER:

Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

E-Mail: _____

Instrument: _____

Seat in section: _____

College/University: _____

Degree Pursued: _____

Year of Study: _____

THIS PART TO BE FILLED OUT BY EITHER: PRIVATE TEACHER or PRIMARY CONDUCTOR

Name: _____

E-mail address: _____

Phone number: _____

If conductor: ensemble this student performs in: _____

If private teacher: number of years of study with student: _____

I acknowledge the participation of above student in a University Ensemble under my direction or in a private studio that I teach.

SIGNED _____ DATE _____