STATE THEATER ARTS GUILD

BUTTE YOUTH ORCHESTRA | NEW MEMBER INFORMATION

Please bring this form to the audition. You will be notified of your audition result and placement prior to the first rehearsal of the semester.

Student's Personal and Contact Information

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Parent(s) Name (s) _____

Parent(s) Address _____ City _____ Zip _____

Parent(s) Phone _____ Email _____

School you will attend in current school year _____

Current Grade _____ Current Age _____

Instrument, Training and Music Experience

Instrument _____ Years of Private Instruction _____

Instructor's Name _____

Instructor's Phone _____ Email _____

Do you participate in your school music program? Yes No

Name of school orchestra/band director _____

Director's Phone _____ Email _____

Please list any ensembles or orchestras you have been a member of in the past, and for how long you performed with each of them:

_____

_____

_____

_____

_____

Administrative Use Only

Orchestra _____ Section _____ Seat _____