

CANTON YOUTH SYMPHONIES
2017-18 AUDITION SHEET

Name: _____ Instrument: _____

Today's Date: _____

Have you been a member of the Canton Youth Symphonies before? _____ If so, how many years? _____

How long have you been studying your instrument? _____

Do you take private lessons? With whom? _____

What is your school? _____ Grade Fall 2017: _____

School Ensemble Participating In _____

Ensemble Director's Name _____

Which ensemble will you be auditioning for? Please check all that apply.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Canton Youth Symphony Advanced Orchestra
Recommended for grades 9-12. Sight-reading required.
Rehearses Tuesday nights. |
| <input type="checkbox"/> | Canton Youth Symphony
Recommended for grades 6-12.
Rehearses Monday nights. |
| <input type="checkbox"/> | Canton Youth Strings
Recommended for grades 2-6.
Rehearses Monday nights. |
| <input type="checkbox"/> | I AM INTERESTED IN PARTICIPATING IN MORE THAN ONE ENSEMBLE. |

I understand that should I be accepted to the Canton Youth Symphonies, I must fill out and submit an Ensemble Requirement Form, Emergency Contact Form, and pay tuition. Some scholarships are available. Please contact Irene Barker, Director of Education and Community Engagement if you would like to be considered for a scholarship.

Signature

Date