## SARATOGA YOUTH SYMPHONY

PO Box 3092 • Saratoga Springs, NY 12866 (518) 583-1128 • Saratogayouthsymphony@yahoo.com

## **Preparatory Symphony Audition Application**

(please print clearly)

Musician's name	Age	Instrument
Name of parent or guardian	Email address	
Musician's street address		
City	State	Zip Code
Preferred Telephone Number to call		
Name of private teacher	Phone # and email of private music teacher	
Name of school and school music teacher	Email of school music teacher	
List previous orchestral experience		
Audition selection and composer – o	ne piece or movement wit	h contrasting passages
Audition Selection	Composer	
 Parent/guardian signature	Date	
Preferred audition date: 6/13 morning	6/13 afternoon 6/20 mor.	ning6/20 afternoon

- A <u>non-refundable</u> audition fee of \$40 must accompany this completed form
- Mail form with audition fee to: SYS Auditions, PO Box 3092, Saratoga Springs, NY 12866
- Make check payable to: Saratoga Youth Symphony
- Auditions will take place online via Zoom
- You will be notified by telephone of your audition time
- Annual tuition: \$500 per child