

# MARYLAND YOUTH SYMPHONY ORCHESTRA

P. O. Box 27  
Glenwood, Maryland 21738

Angelo Gatto, Music Director  
Telephone: (410) 442-5645  
FAX: (410) 489-7268

## APPLICATION FOR AUDITION 2010/11 Season

Check date of preference:

**STRINGS:** August 21 \_\_\_\_\_ August 28 \_\_\_\_\_  
**WOODWINDS:** August 28 \_\_\_\_\_ September 4 \_\_\_\_\_  
**BRASS & PERCUSSION:** August 28 \_\_\_\_\_ September 4 \_\_\_\_\_

Please print or type **INSTRUMENT** \_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST NAME

\_\_\_\_\_  
ADDRESS

(\_\_\_\_\_) \_\_\_\_\_  
HOME PHONE AGE  
E-MAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_  
SCHOOL GRADE

PRIVATE TEACHER:  
\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

How long have you been playing your instrument? \_\_\_\_\_

How long have you studied privately? \_\_\_\_\_ (over)

How long have you studied with your current teacher? \_\_\_\_\_

List below the major repertoire you have studied:

List your participation in other musical organizations:

What are you playing for your audition?

Do you participate in your school music program? \_\_\_\_\_

\_\_\_\_\_  
PARENT'S NAME

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
PARENT'S DAYTIME PHONE

\_\_\_\_\_  
DATE

Return this form with the \$25.00 audition fee to:

**MYSO  
P.O. Box 27  
Glenwood, MD 21738**

You will be notified by e-mail or telephone the date and time of your audition.

