

WILMINGTON SYMPHONY ORCHESTRA

New Member Audition Form

Fill out the top portion and bring to your audition.

Audition date _____ Instrument _____

Title (Mr., Ms., etc) _____ First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone: (home) _____ (office) _____

(mobile) _____ (fax) _____

e-mail _____ @ _____

Social Security Number _____

If college student, permanent residence:

Address _____

City _____ State _____ Zip _____

Phone: _____

If high school or college student:

School or College _____

Class level or grade _____

If not student (optional):

Occupation _____

Music training

Years of study _____ Current private teacher _____

Past teachers _____

Music degrees (date and institution) _____

Orchestral playing experience(gives names and dates) _____

For WSO use:

Audition result Section and chair _____

Accepted for 5-year membership

Accepted for student membership

Will call as needed

Not accepted

Signatures of audition committee _____

Not in good standing (date) _____