

SPRINGFIELD SYMPHONY
YOUTH ORCHESTRAS
Audition Application

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Birthdate: _____ Grade in 10/11 _____

Audition Instrument(s): _____

Years Studied: _____

SSYO Ensemble for which you would like to audition
(check all that apply):

SYS (Introductory Ensemble) SYO (Advanced Ensemble)

I would like to audition for both ensembles

Other Instruments played: _____

Private Teacher's Name (Aud. Instr.): _____

Private Teacher's Signature: _____

School: _____

School Music Teacher's Name: _____

School music program(s) in which you participate:

Parent(s) or Guardian(s) Name(s):

Daytime Phone: _____

Parent/Guardian's Signature: _____

Applicant's Signature: _____

Application Date: _____

Please send application with \$25 audition fee, payable to Springfield Symphony Orchestra to:

SSO/Youth Orchestras
1350 Main Street- Suite 12
Springfield, MA 01103
www.SpringfieldSymphony.org

Questions may be directed to Hillarie O'Toole, Youth Orchestra Manager at 413-733-0636 x 19 or
ssyo@SpringfieldSymphony.org