

SPRINGFIELD SYMPHONY  
YOUTH ORCHESTRAS  
Audition Application

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

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](http://www.SpringfieldSymphony.org)

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