

AFAF Online Home Competition

APPLICATION FORM



INSTRUCTIONS: Please complete the top part of this form and bring the completed form to your audition. Please print or type clearly. If you are auditioning in multiple categories, please use a new form for each different instrumental or vocal audition. If you are auditioning as part of a chamber music ensemble, please make sure to also complete the section marked "For chamber music groups."

To BE COMPLETED BY STUDENT

Name: (first, last) Age:

E-mail Address:

Instrument or vocal range:

Audition repertoire: (composition title, Op., mvt, etc.)

Composer: Length (min):

Name of parent/guardian: (first, last)

Mailing Address:

..... City: State Zip

Home Telephone: Parent/guardian e-mail:

For chamber music groups (if auditioning as part of a chamber music group, please list the names instruments and ages of all members of your ensemble):

Name: Instrument: Age: (first, last)

Name: Instrument: Age: (first, last)

Name: Instrument: Age: (first, last)

Name: Instrument: Age: (first, last)

.....

Teacher name:

Phone Number:

Email:

Audition comments: (for internal use only)

Panel recommendation for participation in On-line Concert

Approved: Rejected: