



PENINSULA YOUTH ORCHESTRA AUDITION REGISTRATION

Please bring this form to your audition

Name _____

Primary Instrument _____ Years of study _____

Other instrument(s) you play and years of study _____

Auditioning for (please check): Sinfonia (String Orchestra) Wind Ensemble
 Symphony Orchestra

School attending _____

Current Grade _____ Age _____

Do you participate in your school music program? Yes No

Name of school orchestra/band director _____

Parent(s) Name(s) _____

Address _____

City _____ Zip Code _____

Home phone _____ Cell Phone _____

Student's email: _____

Parent's email: _____

Preferred method of communication: Email Text

How did you hear about Peninsula Youth Orchestra? _____

Create, Collaborate, Cultivate