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I am: New to NJSYO Returning NJSYO Member

I am auditioning for: Orchestra Chamber Music

Student Name: _____

Address: _____ **Phone:** (____) _____
(Street)

_____ **E-mail:** _____
(Town and ZIP)

Parent's or Guardian's Name for Mailing: _____

Instrument: _____ **Years Studied:** _____ **Age:** _____ **Grade in September:** _____

School: _____ **School Music Teacher:** _____

Private teacher: _____
(Name) (Address)

I hereby make application to audition for the New Jersey State Youth Orchestra. We have read the audition requirements and understand that the fulfillment of the Orchestra's objectives requires the complete cooperation of each orchestra member and his/her parents.

Signed: _____
(Student) (Parent)

E-mail auditions@njsyo.org to schedule an audition

Audition fee for new members is \$25 (non-refundable). Please make checks payable to NJSYO.

Send audition applications to: Audition Coordinator; NJSYO; P. O. Box 642; Red Bank, NJ 07701

AUDITION APPLICATION