

Audition Application

2011 - 2012

Print and send **with your audition fee** to:

Anne Cure
6601 des Chouettes Lane
Orleans, ON K1C 6N4

Circle Concert Date: November February March

Name _____

Address _____

_____ Postal Code _____

Email _____

Telephone _____ Age _____

Instrument _____ Level _____

Title _____

Composer _____ Timing _____

Teacher _____ Tel _____

Teacher Email _____

Accompanist _____

Please indicate audition conflicts

Will contribute refreshments

Yes

Audition fee enclosed

\$ _____

Signature of Parent/Guardian
