

MAGIC VALLEY SYMPHONY

2016 YOUTH SOLOIST AUDITION APPLICATION FORM

WHEN: SATURDAY, JUNE 11, 2016, 12:00 – 5:00 PM

WHERE: Canyon Ridge High School, Twin Falls, Idaho

PLEASE PRINT PLAINLY OR TYPE:

NAME: _____ AGE: _____

MAILING ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PARENTS' NAME(S): _____

NAME OF SCHOOL NOW ATTENDING: _____

INSTRUMENT OR VOICE RANGE: _____

TITLE OF MUSIC TO BE PERFORMED: _____

COMPOSER: _____ PUBLISHER: _____

APPROXIMATE DURATION IN MINUTES: _____

RECOMMENDED BY:

(Teacher's Signature)

TEACHER'S NAME: _____

TEACHERS'S ADDRESS: _____

TEACHER'S CITY, STATE, ZIP: _____

TEACHER'S PHONE: _____

TEACHER'S EMAIL: _____

PLEASE ENCLOSE A NON-REFUNDABLE ENTRY FEE OF \$5.00.

MAKE CHECKS PAYABLE TO: MAGIC VALLEY SYMPHONY. Your check will not be deposited until after the entry deadline.

RETURN FORM **POSTMARKED BY MAY 18, 2016** TO: Doug Wangen
422 Montana St.
Gooding, ID 83330
(208) 420-8636 or (503) 525-8155 (days)
dougcorey@cableone.net