

BAND TOUR SOLOIST AUDITION APPLICATION

Date of application: _____

Music Major: _____ YES _____ NO Music Major: BA _____ or BM _____

Studio Teacher's Signature _____

(Faculty member: ***proof-read for complete and accurate information.***

Student must be in your current teaching studio, in the medium to be performed.)

PLEASE INDICATE IF STUDENT IS A MUSIC MAJOR (*) AND THE CLASS YEAR OF ALL PARTICIPATING IN THE PROGRAM.

Soloist _____ Class Year _____

Instrument/Voice type/Major _____

Assisted by (*if music major) 'Year Instrument teacher signature (REQ'D)

1.) _____

2.) _____

Complete repertoire information, including key, Op. No., Movement Number and title (tempo marking).

Studio Teacher Please verify accuracy of all information; spelling, etc.

Please PRINT legibly

Title/Movements (# and tempo marking) Composer (**birth-death years**) ^{**Length of} performance
