

# Pocono Youth Orchestra Audition Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Instrument: \_\_\_\_\_ Years of Study: \_\_\_\_\_

Student's School: \_\_\_\_\_ School Music Director: \_\_\_\_\_

Private Music Teacher: \_\_\_\_\_ Teacher's Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred email(s): \_\_\_\_\_

**Orchestra Level** (see website for details under audition information)

PJSO (Beginner)

PCSO (Intermediate)

PYO (Advanced)

Please list any prior orchestra, chamber group, or other music ensemble experiences.

\_\_\_\_\_  
\_\_\_\_\_

What piece are you playing today? \_\_\_\_\_

Why did you select this piece?

\_\_\_\_\_  
\_\_\_\_\_

Do you play any other instruments? If yes, which ones and for how long?

\_\_\_\_\_  
\_\_\_\_\_

**For PCSO/PYO applicants only.**

If you don't get into your preferred orchestra, would you be okay with a different assignment?

**Yes**

**No**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature and Date

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature and Date

Contact the Pocono Youth Orchestra with any questions. PO Box 1101, Stroudsburg, PA  
music@pocono-youth-orchestra.org