

Pocono Youth Orchestra Audition Form: 2023-24 Season

Student Name: _____ Age: _____ Grade (2023-24): _____

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 ALL applicants:

Which session(s) are you available to participate? (Select one, two, or all three)

Fall (Sept. - Nov.)

Winter (Dec. - Mar.)

Spring (Mar. - June)

❖ 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