

## Illinois Summer Youth Music

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City+ZIP \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Instrument \_\_\_\_\_ Additional Musical Instruments \_\_\_\_\_

Teacher / Music Director \_\_\_\_\_

Email \_\_\_\_\_

Audition Piece and Composer \_\_\_\_\_

Preferred Time for Audition (select first and second choice)

8:30am-9:00am \_\_\_\_\_ 9:00-9:30am \_\_\_\_\_ 9:30-10:00am \_\_\_\_\_ 10:00-10:30am \_\_\_\_\_

10:30-11:00am \_\_\_\_\_ 11:00-11:30am \_\_\_\_\_ 11:30-12:00 noon \_\_\_\_\_ 12:00noon-12:30 pm

After receipt of audition form you will be contacted and assigned an audition time.

**NOTE: Please provide judges with 2 copies of the music for the audition piece. We strongly encourage playing the audition piece with piano accompaniment where needed. We request the measures of the piece be numbered to assist the judges in making comments.**

**RETURN THIS FORM TO: Paula S. Jones, 2004 Robert Dr., Champaign, IL. 61821**

**Phone: 217-352-8868 or Email: paulasjones@att.net**

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