

MAGIC VALLEY SYMPHONY

2010 YOUTH SOLOIST AUDITION APPLICATION FORM

WHEN: SATURDAY, JUNE 12, 2010, 12:00 – 5:00 PM

WHERE: College of Southern Idaho Fine Arts Building Room 119, Twin Falls, Idaho

PLEASE PRINT PLAINLY OR TYPE:

NAME: _____ AGE: _____

MAILING ADDRESS:	_____	PHONE:	_____
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CITY, STATE, ZIP:	_____
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EMAIL:	_____
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PARENTS' NAME(S):	_____
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NAME OF SCHOOL NOW ATTENDING:	_____
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INSTRUMENT OR VOICE RANGE:	_____
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TITLE OF MUSIC TO BE PERFORMED:	_____
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COMPOSER:	_____	PUBLISHER:	_____
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APPROXIMATE DURATION IN MINUTES:	_____
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RECOMMENDED BY:	_____
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(Teacher's Signature)

TEACHER'S NAME:	_____
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TEACHERS'S ADDRESS:	_____
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TEACHER'S CITY, STATE, ZIP:	_____
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TEACHER'S PHONE:	_____
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TEACHER'S EMAIL:	_____
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PLEASE ENCLOSE A NON-REFUNDABLE ENTRY FEE OF \$5.00. MAKE CHECKS PAYABLE TO: MAGIC VALLEY SYMPHONY.

RETURN FORM BY **MAY 14, 2010** TO: Doug Wangen
Vice President, Magic Valley Symphony
422 N. 11th
Buhl, ID 83316
(208) 410-2535
Email: dougcory@cableone.net