

MAGIC VALLEY SYMPHONY

2008 Young Artists Audition Application Information

Auditions for the MAGIC VALLEY SYMPHONY Young Artist Competition will be held on Saturday, June 14, 2008 from 12-5 PM in Room 119 of the College of Southern Idaho Fine Arts Building, 315 Falls Avenue, in Twin Falls, Idaho. Winners of the competition may be selected to perform at the October 5, 2008 concert. There will be a \$500 prize awarded to each of the winners. Please note that those not selected as a Young Artist may instead be offered an opportunity to perform as a soloist with the Magic Valley Youth Orchestra.

ELIGIBILITY: Each entrant must be a resident of the Magic Valley area and not more than 21 years of age. Soloists previously selected to play with the symphony may not audition again on the same instrument.

REPERTOIRE: For instrumentalists, any movement of a standard concerto or concert piece with orchestral accompaniment may be performed. For vocalists, any standard arias or songs with orchestral accompaniment may be performed. Audition pieces should not be longer than 10 or 12 minutes. Please cut extended accompaniment sections if needed to meet the time requirements.

ACCOMPANIST: Contestants must provide their own piano accompanist.

MEMORIZATION: Performers are encouraged, but not required, to memorize their audition pieces.

APPLICATION: All entrants must submit the enclosed form, signed in the appropriate places and a \$5.00 application fee. Please make checks payable to Magic Valley Symphony. The form should be double-checked and returned no later than **FRIDAY, MAY 16, 2008**. After receipt of your form, an audition time will be sent to you. Send application forms to:

George K. Halsell
College of Southern Idaho
P.O. Box 1238
Twin Falls, ID 83303-1238
(208) 732-6767
ghalsell@csi.edu

MAGIC VALLEY SYMPHONY

2008 YOUNG ARTISTS AUDITION APPLICATION FORM

WHEN: SATURDAY, JUNE 14, 2008, 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: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PARENTS' NAME(S): _____

NAME OF SCHOOL NOW ATTENDING: _____

INSTRUMENT OR VOICE RANGE: _____

TITLE OF MUSIC TO BE PERFORMED: _____

COMPOSER: _____ PUBLISHER
: _____

APPROXIMATE DURATION IN MINUTES: _____

RECOMMENDED BY: _____
(Teacher's Signature)

TEACHER'S NAME: _____

TEACHERS'S ADDRESS: _____

TEACHER'S CITY, STATE, ZIP: _____

TEACHER'S PHONE: _____

TEACHER'S EMAIL: _____

PLEASE ENCLOSE A NON-REFUNDABLE ENTRY FEE OF \$5.00. MAKE CHECKS
PAYABLE TO: MAGIC VALLEY SYMPHONY.

RETURN FORM BY **MAY 16, 2008** TO: George K. Halsell
College of Southern Idaho
P.O. Box 1238
Twin Falls, ID 83303-1238
(208) 732-6767
Email: ghalsell@csi.edu