

AMERICAN WIND SYMPHONY ORCHESTRA
Application for Audition

Date _____

Name _____ Age _____

Male _____ Female _____ Marital Status _____ S.S.No. _____

Present Address _____ Phone _____

City _____ State _____ Zip _____

E-Mail Address _____ Cell Phone _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

College or University _____ Year of Graduation _____

Instrument(s) Played _____

Instructor _____

Performance Experience _____

Teaching
Experience _____

If attending an educational institution, your application must be accompanied by a reference from your teacher or dean.

Signature of Applicant _____

Signature of Dean or Teacher _____

You will be notified of the time and place of your audition.

Return application to: Robert Austin Boudreau
American Wind Symphony Orchestra
550 Plains Church Road
Mars, PA 16046

PHONE: (724) 779-8334

FAX: (724) 742-2897

E-MAIL: awso@consolidated.net