

LSYO Audition Entry Form

LSYO
4322 N. Beltline Rd. #B114
Irving, TX 75038

Audition Date _____
Audition Time _____

Student's Name:

Instrument:

Contact Information

Address:

City:

Zip:

Phone Number (Home/Cell):

Email Address:

Parents Name:

Parents Email:

School:

Age:

Grade:

Years of experience on your instrument:

Other instruments you play:

Are you a returning LSYO member? Yes No

Private Instructor:

Application Fee's Enclosed: \$10, Returning Members \$20, New Members

Notes: (office use only)

Audition Evaluation (office use only)

	4	3	2	1
Scales - (I) Major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scales - (I) Minor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excerpt(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight-reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Evaluation: