

2024 WAUKESHA AREA SYMPHONIC BAND CONCERTO COMPETITION

Name _____ Instrument _____

Address _____

City _____ Zip code _____

Home Phone _____ Email _____

School _____ School District _____

Private Teacher's Name _____

How long have you played your instrument? _____ Your grade in school? _____

List your ensemble experience (bands, orchestras, small ensembles) _____

List any solo experience _____

Title and composer/arranger of your performance piece _____

Accompanist name _____

This application is submitted with the full approval of my parents and band director.

Parent's or Guardian's signature _____

Band Director's Name _____ Signature _____

Enclosed please find my \$20 check for the entry fee.

Audition date is Saturday January 27, 2024

***Send this form with your check payable to
Waukesha Area Symphonic Band
c/o Cynthia Eisenmann
66 W Cedar Valley Rd
Delafield, WI 53018***

**Please feel free to
copy this form!**

Deadline for audition application is January 6, 2024