**NEW ENGLAND YOUTH SYMPHONY, CORP.**

**P.O.Box 135**
**Monroe, CT 06468**
**Fax: 810-592-4239**
**contact@newenglandys.org**
**www.newenglandys.org**

# 2016-2017 Audition Form

Student's First Name: _____ Last Name: _____

Student's Email:_____

Parent or Guardian's Name: _____

Parent/Guardian's Email: _____

Address: _____

_____

_____ _____ _____

(City) (State) (Zip Code)

_____

Phone: _____- _____- _____

Instrument: _____

School Music Teacher Name: _____

School Music Teacher Email: _____

Private Teacher Name:_____

Private Teacher Email:_____

By signing this form, I confirm that I have read, and agreed to abide by New England Youth Symphony audition policy and all procedures and rules of the New England Youth Symphony's auditions in 2016. I certify that the information given on this audition application form is correct.

_____(Parent/Guardian's Signature)
_____ (Print) _____Date

Please mail the completed application form and application fee (a check payable to NEYS in the amount of $30) to:
New England Youth Symphony, Corp.
P.O. Box 135
270 Monroe Turnpike
Monroe, CT 06468