



Current Chair: \_\_\_\_\_

# Returning Member Application

AUDITION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Please bring your application with you to your audition. To schedule an audition time, go to:  
<http://www.nisorchestra.org> →Youth Orchestra link →Returning Members Audition link  
 Password: nisoyo

Student Name: _____		Date: _____	
Instrument: _____	E-mail: _____		
Address: _____	City: _____	ST: _____	Zip: _____
Home Phone: _____	Student Cell: _____		
School: _____	Upcoming Grade: _____	Chair in School Orchestra/Band: _____	
Years in Youth Orchestra: _____	Years Playing Instrument: _____	Years of Private Lessons: _____	
Current Private Teacher: _____		Private Teacher E-mail: _____	

Parent's Names: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

*I understand that I will be responsible to pay the annual tuition at the first rehearsal. Failure to do so may result in my child's dismissal from the orchestra. \*\*\* A limited number of partial scholarships are available. Applications are due by the third Sunday in September.*

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## Audition Assessment

All Instruments:

Strings Only:

#1	#2	Sight		
			Rhythmic Precision	_____ Tone
			Note Accuracy	_____ Bow Control
			Intonation	_____ Vibrato
			Tone Quality	_____ 3 <sup>rd</sup> Position
			Musicianship	_____ 5 <sup>th</sup> (4 <sup>th</sup> ) Position
			Projection	_____ Advance Positions
			Articulations/Bowings	
			Tempo/Pulse	
			Dynamics	
			Style	
			Overall improvement from last year	
			Leadership Qualities	
			Attitude	