

## **Audition Information Form**

Date:	Instrument:			
Name:				
Local Address:				
City, State, & Zip:				
Email:				
			cation of the KPO)	
Phone Number:				
I am auditioning for (check all	that apply):	Principal	Section	Substitute
Have you ever played for the I	(PO?	Yes	No	
If YES, please list seasons:				
If you are a student, please lis	t degree progr	am:		
You m	ay attach a resume	chestral Expe instead of compl with the most re	leting this section.	
Organization		Date		Position/Chair
Return to:				

PO Box 2597