

Junior Philharmonic Society of New Orleans

APPLICATION FOR AUDITION

Name _____ (please print)

Address _____ Phone _____
Street City, State, Zip Code

Email _____ Age _____ DOB _____ Male ___ Female ___ Singer? ___

What voice? _____ Dancer? ___ Instrumentalist? ___ What Instrument? _____

Teacher _____ Phone _____

Address _____ Email _____
Street City, State, Zip Code

Total years studied? _____ Number of years with present teacher? _____

Have you ever appeared in a Junior Philharmonic performance? _____

If yes, When? _____

Academic school attending _____ Grade _____

If performing as a member of a group, list other persons in your group.

Selections to be performed at Audition? (State music, composer, and choreographer)

Selections submitted must be the ones performed at the Auditions!

Make checks payable : Jr. Philharmonic Society of New Orleans:

Please email filled in application to Peggy

Fransen, Audition chair-Peggy.Fransen@stmsaints.com. Also print out the audition application and send with audition fee to:

Jr. Philharmonic Society of New Orleans

P.O. Box 13095

New Orleans, LA 70185-3095