



ORPHEUS MUSIC GROUP

AUDITIONS FORM

Name: _____ **Age:** _____

Address: _____

City/State/Zip: _____

Phone Number: _____

E-mail Address: _____

Instrument _____

How long have you been playing?

Do you play a second instrument?

Is this your first time playing by ear?

Have you had private or group lessons?

Do you play in band or orchestra? Where?

Have you ever participated in any contests or auditions?

Can you read music...if so, how long have you been reading music?

Other
