

AUDITIONS / *November 2019*

APPLICATION FORM

Name			
First		Middle	
Nationality			
Date of birth		Age	
Instrument		Desired position	
Passport number		Country of origin	
Address			
City		State	
Zip-code		Country	
Phone		Cell	
E-mail			
How did you hear about the audition?	<input type="checkbox"/> E-mail <input type="checkbox"/> Site <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Twitter <input type="checkbox"/> Google <input type="checkbox"/> Musical Chairs <input type="checkbox"/> Friends <input type="checkbox"/> Other (please specify) _____		
Are you gonna use the orchestra's contrabassoon?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes:			
Date of preference	<input type="checkbox"/> 11/9 (Saturday)		<input type="checkbox"/> 11/10 (Sunday)
Period of preference	<input type="checkbox"/> Morning		<input type="checkbox"/> Afternoon

By sending this form you agree to all terms expressed in the Announcement.
Please attach CV and recommendation letters.

Date and Signature