



## JAZZSCHOOL YOUNG MUSICIANS PROGRAM AUDITION APPLICATION FORM

Student Name:

Address:

City:

Zip:

Instrument:

Grade:

School:

Private Teacher:

Home Phone

Parents Email:

Parent's Names:

Student Cell:

Student Email:

Ensembles you wish to be considered for:

A brief description of student's abilities:

Audition time considerations:

Please complete this form on your computer. DO NOT PRINT AND MAIL TO THE JAZZSCHOOL. After you are finished, hit "save as" and rename the file with your first and last name. Please include "audition" in the new file name. **Example:** John\_Smith\_Audition. Once completed, email the file to [youngmusicians@jazzschool.com](mailto:youngmusicians@jazzschool.com).