

Form B

Eastern Youth Orchestra Audition Form

(Please write legibly filling out ALL information.)

Name: _____ Instrument: _____

Age: _____ Parents' Email: _____

Student Email: _____

Parents Name: _____ Home Phone: _____

Audition Piece(s): _____

Grade as of 9/18: _____ Private Teacher: _____

Rating: 1 2 3 4 5

Difficulty of chosen piece: 1-2 3-4 5-6 7-8 9-10/beyond

Musical Performance: _____

Intonation: _____ Tone: _____

Vibrato: _____ Shifting: _____

Rhythm: _____ Bow Skills: _____

Posture/technical facility: _____

Excerpts: _____

Accuracy: _____

Intonation: _____

Tempo: _____

Rhythm: _____

Bowing: _____

Musical: _____

Comments: _____

Recommendation: _____

Rating: _____ Judge: _____

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