

Saratoga Springs Youth Orchestra
PO Box 964
Saratoga Springs, New York 12866
(518) 429-3636
ssyopres@gmail.com

APPLICATION FOR AUDITION

Please complete and return the application form and \$30 application fee to SSYO at the address above or email to ssyopres@gmail.com. You will be contacted to schedule a time and date.

Application Date _____

Musician's Name _____ Date of Birth (mm/yy) _____

Primary Instrument _____ Secondary _____

Years Studied ____ NYSSMA Level ____ Years Studied ____ NYSSMA Level ____

Parent's Name _____ Home Phone _____

Cell _____

Address _____

City _____ State _____ Zip Code _____

Parent Email! _____

Musician's Email _____

School Music Teacher _____ School District _____

Private Music Teacher _____ Phone _____

Address/City/State/Zip _____

Private Teacher Email _____

Ensemble Interests (Check all that apply)

____Orchestra

____Rock Orchestra

For all Orchestras a NYSSMA V-VI or an equivalent skill level is required