



AUDITION APPLICATION REFERRED by _____

www.mslmorchestra.com

Date _____

AUDITIONS ARE BY APPOINTMENT

APPLICATION CHECKLIST Before Submitting your application, please make sure that you include the following items:

- \$15 Application Fee Payable to "Musique Sur La Mer Orchestras"** Please print the student's name on the check
- Completed Ap. with all required signatures:** Please mail your completed application and check to:
Musique Sur La Mer Orchestras - 6475 Pacific Coast Highway, Suite 371, Long Beach, CA 90803

Upon receiving your completed application and \$15 application fee, you will receive a confirmation email to all student and parent emails on the application. If you do not receive a confirmation, please contact our office at info@mslmorchestra.com

COMMITMENT By signing this application, you are committing to 100% participation in all concerts and concert tours, as well as all rehearsals scheduled for MSLMYSO (and HCO and JO, if applicable.) Once your completed application has been processed you will be assigned an audition date and time. **You will be notified of your date and time.**

Student's First Name	Last Name	Instrument (and additional instruments, if applicable)	
Address	City	State	Zip Code
Mother's/Guardian's Name		Father's/Guardian's Name	
Mother's/Guardian Cell Phone#		Father's/Guardian's Cell Phone #	
Mother's/Guardian Email		Father's/Guardian Email	
Mother's Home Phone Number		Father's Home Phone Number	
Mother's Guardian's Address (if different from the student's address)			
Father's Guardian's Address (if different from the student's address)			

ENSEMBLE EXPERIENCE Please indicate your participation in the following school, ensembles, honors groups:

High School Orchestra or Band _____ Years _____

Middle School Orchestra or Band _____ Years _____

MUSIC EDUCATION INFORMATION No. of years of private Instrumental Instruction _____ No. of years of group Instruction _____

School	Name of school music teacher		
School Ensemble(s) you will be enrolled this coming school year	Private Music Teacher		
Private Music Teacher's Address	City	State	Zip Code

By signing below, I am committing to a full rehearsal and concert schedule and the obligation to adhere and follow the guidelines set forth in the MSLMSYO Handbook, which will be distributed at the first rehearsal, should I be accepted. As a parent/guardian I agree to ensure that my student participates in all rehearsals, concerts, tours and special events, as well as fulfill all financial obligations. *(Financial aid is available for those who demonstrate need. Check the box below to receive financial aid information, should your student be accepted into MSLMYSO/HCO)*

Parent's / Guardian's Signature _____ Date _____ Student's Signature _____ Date _____

I would like to receive financial aid information

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For Office Use Only

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