



WCMS Summer Piano Festival Audition Form 2024

Date _____ Student Name _____

Parent/Guardian Name _____

Address _____

Phone # _____ Email address _____

Current Grade _____ Age _____

T-shirt size: Adult? ____ Youth? ____ Circle one: XS S M L XL XXL

How did you hear about this program?

Length of piano study _____

Name of Private Teacher _____

If non-WCMS teacher, please indicate:

Teacher Phone # _____ Teacher email address _____

Are you interested in the solo option in Summer Piano Festival? ____Yes ____No

Title and composer of your audition piece:

Please list the repertoire you have learned in the past year:

Please list the scales that you have learned to play (including number of octaves):

Do you have prior ensemble experience? If yes, please describe: