



WCMS Summer Chamber Music Exploration Audition Form 2024

Student Name _____

Instrument _____ Length of study _____

Parent/Guardian Name _____

Address _____

Phone # _____ Email address _____

Current Grade _____ Age _____

Name of Private Teacher _____

If non-WCMS teacher, please indicate:

Teacher Name _____ Phone # _____

Teacher email address _____

How did you hear about this program? _____

Please list the titles and composers of your audition pieces:

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 (small or large group)? If yes, please describe: