WCMS Chamber Ensemble Audition Form: Fall 2026

Date_____ Full Name_____

Parent/Guardian Name(s) _____

Address_____Phone#_____

Email Address_____

Grade_____Age_____Instrument_____Length of study_____

Private Teacher_____ Teacher Phone # (if not WCMS)_____

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 (or method book you are currently in):

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

Do you have prior ensemble experience, either small or large group? If yes, please describe, including specific repertoire you have played:

Please check the boxes next to any days/times that you are available for weekly coachings during the spring semester. (Note: Greater flexibility in your schedule will increase the likelihood of being placed in a group).

[ ] Monday afternoons	[ ] Wednesday afternoons	[ ] Friday afternoons
[ ] Monday evenings	[ ] Wednesday evenings	[ ] Friday evenings
[ ] Tuesday afternoons	[ ] Thursday afternoons	[ ] Saturday mornings
[ ] Tuesday evenings	[ ] Thursday evenings	[ ] Saturday afternoons