

**CENTRAL ILLINOIS YOUTH SYMPHONY
AUDITION INFORMATION FORM**

**Please fill the form out with current information.
(PLEASE PRINT)**

Name: _____ Instrument: _____

Street: _____ City: _____

State: _____ Zip: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Student Email: _____

Guardian(s) Email(s): _____

Years Played: _____ Group(s) you are auditioning for: Prep CICO CIYS
 Clarinet Choir Flute Choir Brass Ensemble

Name of school in September 2011: _____

Address of school: _____

Your grade in September 2011: _____

Other instruments you play: _____

How did you find out about our auditions? _____

School Music Teacher Endorsement:

The above student has my recommendation for membership in the Central Illinois Prep Orchestra, Central Illinois Concert Orchestra, Central Illinois Youth Symphony, Flute Choir, Clarinet Choir or Brass Ensemble.

(school music teacher's signature)

**School Music Teacher Contact Information:
(PLEASE PRINT)**

Name: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

E-mail Address: _____

(OVER PLEASE)

To secure your audition, return this form along with your \$25.00 nonrefundable audition fee to:

**Central Illinois Youth Symphony
Auditions
P.O. Box 908
Morton, IL 61550**

On behalf of the CIYS Board of Directors and staff, we want to thank you for your interest in the Central Illinois Youth Symphony. We look forward to meeting you at your audition. If you have any questions or concerns, please feel free to contact the managers at 1-888-218-4650 or ciysmanager@hotmail.com (Renee) or ciysmanager2@gmail.com (Becky).

Sincerely,

Becky Carlyle, Manager
Renee Chernick, Manager
Central Illinois Youth Symphony