

THE JOHANNESBURG YOUTH ORCHESTRA COMPANY AUDITION FORM

JYOC 45

Please note that if all possible positions are filled in the group for which you are auditioning, you will be offered an alternative option in one of the other groups.

I am applying for the

Group	Minimum requirement	Mark with 'X'
Beginner Winds	Grade 3	
Foundation Orchestra	Grade 3	
Symphonic Wind Band	Grade 5	
Youth Orchestra	Grade 5	

RETURN TO: P O Box 1638, Houghton, 2041 OR Fax to (011) 484 1535 **by 16 September, 2011**

AUDITIONS WILL BE HELD AT: Wozani (Williams) Block, Wits Education Campus, 27 St Andrews Road, Parktown

PLEASE CONTACT OUR OFFICES (011.484.1257) TO BOOK YOUR AUDITION TIME. THE AUDITION SCHEDULE FOR ALL GROUPS CAN BE FOUND ON THE AUDITION SCHEDULE ON THE WEBSITE

PLEASE PRINT CLEARLY

PUPIL INFORMATION

Name and Surname _____
Date of Birth _____
Home Address _____ Code _____
Postal Address _____ Code _____
Home Phone _____ Fax _____
Email Address _____
Instrument _____ Teacher _____ Teacher's Phone _____
Highest examination passed or estimated grade level _____
Other playing experience _____

SCHOOL INFORMATION

School _____ Current Grade _____
Email _____ Phone _____

PARENT INFORMATION

Father's Name and Surname _____
Occupation _____ Work Phone _____ Work Fax _____
Cell Phone _____ ID No. _____ Email _____
Mother's Name and Surname _____
Occupation _____ Work Phone _____ Work Fax _____
Cell Phone _____ ID No. _____ Email _____

TO BE COMPLETED BY THE SCHOOL PRINCIPAL

Please evaluate the pupil on a five point scale where 1= LOWEST and 5= HIGHEST

School Achievement _____ Conduct _____ Positive Attitude _____
Perseverance _____ Reliability _____ Punctuality _____

NAME _____ SIGNATURE _____ DATE _____