

AUDITION INFORMATION FORM

Please, PRINT clearly

Rising Stars 21st Annual, 2019

Students Name:				
Home Address:		City:	Zip:	
Email:	Pa	rent/ Guardian Email:		
Cell Phone:	Home Phone:			
Age:	Current Grade:	High School:		
Parent/Guardian Na	me:			
	AUDI	TION SELECTION		
Instrument/ Voice:		(i.e. Trumpet, Alt	to Saxophone, Soprano, etc.)	
Private Teacher:		Years of Study:		
Repertoire you will p	perform			
Title:	Comp	Composer:		
Length of piece:	Minutes (<i>No longer than 5 minutes!)</i>			
Name of Accompani	st			
If selected, will this b	pe the accompanist to perfo	rm for your concert perfo	rmance? □ yes □ no	
•	• •		ording by 11 p.m. on Sunday, October	

20, 2019 to be considered. Audition videos are to be recorded using a camera (cell phone recording is permitted), uploaded as a link or to youtube and emailed to Julie Nagy. Staged concert performance recordings will not be permitted. Record a video exactly the way you would audition live. Memorization is required. Audition must include a live accompanist, background recordings will not be accepted.

E-Mail | Julie@algonquinarts.org