



2009 Young Artists Competition Application

Please print or type:

Personal Data

Applicant's Name

Current Address

City, State, Zip

Telephone

(where you can be reached Dec. 2008)

e-mail

Date of Birth

School Name (if applicable)

Years of Study

Hometown Newspaper

(incl. newspaper's ph. number or e-mail)

Audition Selections

Composer

Full Title & Movement (if applicable)

Performance Time:
(minutes)

1st

2nd

Submit the following with this application:

1. A CD or DVD of two selections
2. Resume of performing experience
3. Proof of age (copy of driver's license or passport)
4. Non-refundable registration fee of \$25, plus accompanist fee of \$50.00 if applicable. Make check payable to the LSO.

I have read and I understand the eligibility and repertoire requirements.

Applicant's Signature _____ Date _____

For more information, Ann Sellman, asellman@lagrange.edu or (706) 880-8351

LaGrange Symphony Orchestra
PO Box 2321
LaGrange, GA 30241