



**DONEGAL CHAMBER ORCHESTRA
2017 -2018
AUDITION APPLICATION FORM**

Please indicate if you will audition on more than one instrument

Instrument/s:..... Grade:

Name: Age:..... Date of Birth:/...../.....

Parent/Guardian Name (If under 18):

Address:

Telephone: Mobile (Parent’s no. if under 18):

Email (Parent’s email if under 18):

School/College:

Instrumental teacher:

Prior musical experience in ensemble playing:

.....

I agree to abide by the guidelines of Donegal Music Education Partnership

Applicant Signature:..... Date:.....

Parent/Guardian Signature (If under 18):..... Date:

Return Application Form by Monday, 20th March, 2017 by 12noon to:

AUDITIONS: DONEGAL CHAMBER ORCHESTRA
Donegal Music Education Partnership
Regional Cultural Centre
Port Road
Letterkenny
Co. Donegal

Candidates are advised of their audition time by phone or by email.