

**DONEGAL CHAMBER ORCHESTRA  
2016 -2017  
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 Wednesday, 2<sup>th</sup> March, 2016 by 5pm 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.***