



renoyouthjazzorchestra@gmail.com
www.renoyouthjazzorchestra.com

Audition Application: Complete all sections

NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

Grade: _____

Name of School currently attending:

Student Cell Phone: () _____

Student Home Phone () _____

Student email: _____

Instrument: _____ Years Played: _____

(If saxophone – Alto, Tenor, or Bari)

Saxophone doubles – additional instruments played:

(i.e. clarinet, flute, soprano, bass clarinet) _____

School Band/Orchestra/Choral

Director Name: _____

Phone Number _____

Private teacher: _____ Time studied with this
teacher _____

Parent/Guardian

Mother's Name: _____

Cell Phone _____

Home Phone: _____

Email: _____

Father's Name: _____

Cell Phone _____

Home Phone: _____

Email: _____

Applicant's Signature _____

Parent's Signature _____

ADULT Shirt - size circle one: XS, SM, MED, LG, XL, XXL

Do you want to be considered for a small group COMBO
Ensemble – (Circle one) YES NO