Youth Choral Academy
STANGELAND FAMILY
OREGON BACH FESTIVAL

AUDITION INFORMATION FORM

Submit with audition material

Date_____

Name _____ Birthdate_____
last *first* *middle*

Home address_____ City _____ State _____ Zip_____

Home phone ( ) _____ Cell phone ( ) _____

e-mail _____

Parents/Guardian name(s) _____

Parents/Guardian address (if different than above) _____

City _____State _____Zip_____ Phone ( )_____

Parent/Guardian phone _____ email _____

School you attend_____ City _____

Grade in school/ Year you will graduate (circle one) 9th/2011 10th/2010 11th/2009 12th/2008

School music teacher's name(s) _____

Private voice teacher's name _____

Voice part you prefer to sing (circle one) SI SII AI AII
TI TII BI BII

Other instruments you play _____

Title of prepared audition selection:_____

NOTE TO STUDENT: A *letter of recommendation* from your music teacher must accompany this information/application form or must be sent to the Oregon Bach Festival/SFYCA Office. If you are auditioning by recording, please include this form with your CD or tape and letter of recommendation.

Audition Committee
Oregon Bach Festival/SFYCA
1257 University of Oregon
Eugene, OR 97403-1257

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