



SPRINGFIELD SYMPHONY ORCHESTRA

AUDITION REGISTRATION FORM

Auditions will be held on May 1, 2010.

(You will be notified of a specific audition time two weeks prior.)

Instrument: _____

Name: _____

Address: _____

City/State/Zip: _____

Employer: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Educational Background

Institution

Degree

(Continue on back if necessary)

Performance Background

Ensemble

Duration (Years)

(Continue on back if necessary)

Secondary Instrument(s) _____

I have read the audition information sheet and, if accepted as a member of the Springfield Symphony Orchestra, will be issued a contract for the upcoming season. By signing the contract I agree to abide by all operation policies set forth in the Orchestra Personnel Code, which I will receive upon acceptance into the orchestra.

I understand that if I am not a resident of the State of Missouri, that Senate Bill 724 of the State of Missouri requires the Springfield Symphony Association to withhold 2% of my pay for payment of Missouri State Income Taxes.

Signature

Date