

Jazz Band Audition Form

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Would you like to receive email about the Community Wind Band? _____

High School Attended: _____ Graduation Date: _____

GPA: _____ Instrument: _____

Teacher: _____ Phone: _____

I plan to major in: _____ and minor in: _____

References:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Applicant Signature: _____

Office use only.

Pattern # 1: _____

Selection # 1: _____

Pattern # 2: _____

Selection # 2: _____

Pattern # 3: _____

Range: _____

Pattern # 4: _____

Tone: _____

Pattern # 5: _____

Sight Reading: _____

Pattern # 6: _____