

**Bucks County Symphony Orchestra
Youth Concerto Competition
Audition Application for May 22, 2021**

Student Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Birth Date: _____

Instrument: _____ Years Played: _____

Teachers and number of years with each:

Performance Recognition (Honor Band, Recitals, Solo Performances, etc.):

Title of Composition: _____

Composer: _____ Duration of Piece: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

By signing this form, all parties agree to follow the guidelines and protocols for health and safety recommended or mandated by the CDC, state and local health agencies, the Bucks County Symphony Orchestra, and The Conservatory of Doylestown.

Teacher's Comments: _____ _____ _____ Signature: _____ Date: _____

**Please submit this application and non-refundable \$20 application fee to:
BCSO Competition Committee, P.O. Box 500, Doylestown, PA 18901**