

**Bucks County Symphony Orchestra
Youth Concerto Competition
Audition Application for March 22, 2025**

Student Name: _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent Name(s): _____

Phone Number: _____ E-mail: _____

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 (7 min or less, please): _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Teacher's Comments: _____

Signature: _____ Date: _____

**Please submit this application and the non-refundable \$25 application fee to:
BCSO Youth Competition Committee, P.O. Box 500, Doylestown, PA 18901
Due by March 8, 2025**