



PUGET SOUND YOUTH WIND ENSEMBLE
Application for Audition
Symphonic Band

Please check our website, www.psywe.org carefully for audition dates for winds & percussion.

Please Print

Name _____ Age _____ Birth date _____

Address _____

City _____ State _____ Zip code _____

Phone Number (area code) (_____) _____

Student email _____

Parent email _____

Instrument _____ Years of Study _____

Grade level (Fall 2012) _____ School _____

Please list any ensemble experience and musical awards or accomplishments below.

Current Band Director's Name _____

Band Director's signature _____

Private Instructor's Name _____
(If applicable)

Private Instructor's Signature _____
(If applicable)

Parent or Guardian Signature _____

Please mail this application to:

PSYWE
P.O. Box 1152
Auburn, WA 98071-1152

You may also e-mail a scanned copy of this application to psywe@psywe.org. We will contact you by e-mail to confirm your audition date and time.