



University of Pennsylvania
Department of Music

AUDITION INFORMATION FORM

Please complete this form and bring it with you to your audition.

Name: _____

Name as you wish it to appear in the concert programs:

Campus address: _____

Phone number: _____

Email: _____

School: _____ **Class of:** _____ **Major:** _____

Instrument/Voice Part: _____ **Years Played/Sung:** _____

Ensemble experience:

I am auditioning for the following ensemble(s): (circle all that apply)

Orchestra

Wind Ensemble

AudioNexus

Ancient Voices

Choir

Choral Society

Baroque Ensembles

Recorder Ensemble

Penn Chamber

Director's Comments: