



Nova Scotia Youth Wind Ensemble
2012-2013

Audition Application

(please print)

Name: _____

Mailing Address: _____ City: _____

Postal Code: _____ Telephone: _____

Student email: _____

Parents' email: _____

****Important****

All correspondence with the NSYWE will be through email.

Instrument you will be auditioning on: _____

School (current) _____ (next year) _____

Grade (next year) _____ Birth Date: _____

Band Director: _____

Band Director's email: _____

Private Teacher (if any): _____



Are you a previous member of NSYWE? _____

Are you a previous member of NSJWE? _____

List other musical accomplishments, performing groups and instruments you play:

Please check the following box;

____ I give permission for the NSYWE ensemble related photographs of my child to be put on the NSYWE website.

Parent/Guardian's Signature

Date: _____

Please mail your application and fee to:

NSYWE
Hope Gendron
35-210 Legacy Court
Lower Sackville, NS
B4C 0A5

nsywe@eastlink.ca



Sponsored by the Nova Scotia Band Association