



Audition Information Form

Date: _____ **Instrument:** _____

Name: _____

Local Address: _____

City, State, & Zip: _____

Email: _____

(Email is the standard method of communication of the MSO)

Phone Number: _____

I am auditioning for (check all that apply): ___ Principal ___ Section ___ Substitute

Have you ever played for the MSO? ___ Yes ___ No

If YES, please list seasons: _____

If you are a student, please list degree program: _____

Previous Orchestral Experience

You may attach a resume instead of completing this section.
Please begin with the most recent.

Organization	Date	Position/Chair

Return to:

**PO Box 573
Muscatine, IA 52761**

or

msopersonnel@gmail.com