

**2012 NSW STATE YOUTH CONCERT BAND
APPLICATION FORM**



NAME: _____

NSW BAND NAME: _____ **Date of Birth:** __ / __ / __

1st INSTRUMENT: _____

YEARS LEARNING: _____ **AMEB STANDARD:** _____
or equivalent

2nd INSTRUMENT: _____
(if applicable)

YEARS LEARNING: _____ **AMEB STANDARD:** _____
or equivalent

Would you like to audition on both instruments? **YES** **NO**

PREFERRED AUDITION LOCATION (please label 1 to 4)

SYDNEY

NEWCASTLE

BATHURST/ORANGE

CANBERRA

Please note that whilst every effort will be made to hold auditions in regional areas, actual audition locations will be dependent on number of applications from each area.

APPLICANT CONTACT DETAILS

ADDRESS: _____

HOME PHONE: _____ **MOBILE:** _____

email: _____

Signature: _____

PARENT/GUARDIAN CONSENT (for applicants under 18 years)

NAME: _____

email: _____

HOME PHONE: _____ **MOBILE:** _____

Signature: _____

Return completed applications by post to:

Youth Band Manager
Band Association of NSW
PO BOX 550, Jannali 2226

APPLICATIONS CLOSE FRIDAY 28TH OCTOBER 2011

It would assist to expediate our audition scheduling if, prior to posting your original application, you could also scan and email your documents to: bandnsw@tpg.com.au

However please note that original documents must still be received by post by closing date.