

2011 Young Artists Competition Application

Please print or type:

Personal Data

Applicant's Name		
Current Address		
City, State, Zip		
Telephone (where you can be reached Dec. 2010)		
e-mail		
Date of Birth		
School Name (if applicable)		
Years of Study		
Hometown Newspaper (incl. newspaper's ph. number or e-mail)		
	Audition Selections	
<u>Composer</u>	Full Title & Movement (if applicable)	<u>Performance Time:</u> <u>(minutes)</u>
st		
2 nd		
	vo selections	ble. Make check payable
I have read and I understand the elig	ibility and repertoire requirements.	
Applicant's Signature	Date	
For more infor	mation, Ann Sellman, <u>asellman@lagrange.edu</u> or (706) 880-83	351

LaGrange Symphony Orchestra PO Box 2321 LaGrange, GA 30241