

ARCHBISHOP HOBAN THEATRE

Proudly presents:



ORCHESTRA - AUDITION FORM

PLEASE PRINT LEGIBLY

Student Name: _____ Grade: _____

Hoban Email: _____ Mobile Phone: _____

1. Have you been in any orchestra or band programs, musicals, have taken or currently take lessons? Please list. Use back if needed.

2. Circle all musical instruments that you play well? **Available Instruments:**

Piccolo Flute Alto Flute Clarinet Bass Clarinet Soprano Sax. Alto Sax Oboe English Horn
French Horn in F Trumpet Drums Percussion Keyboard Violin Cello Bass

3. *List extra-curricular activities (sports, lessons, clubs, etc.) will you be involved in during the show season that will conflict with rehearsals. It is expected that you practice the music on your own, but we will meet as a group during some WW/KT Enrichments. You will also be playing alongside many professionals. Show Week rehearsals/shows are April 7th through April 14th and you **MUST** be able to attend 100% of the rehearsals to participate. List all days and times. Use back if needed. _____

***Orchestra selection will be based on your ability to sight-read, learn music quickly and the listed conflicts.**

*** Please sign and date below after you have read the following statement: ***

I, _____, am interested in playing in this musical and understand that, should I be selected, every rehearsal is mandatory.

Name: _____ Date: _____
Student Signature