

PALISADES SYMPHONY ORCHESTRA  
Saundra Sonderling, Chair  
P.O. Box 214  
Pacific Palisades, CA 90272

APPLICATION FOR PALISADES SYMPHONY AUDITION, March 2, 2024

Name of Student: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School and Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Instrument or Voice: \_\_\_\_\_ Years of Study: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of current music teacher: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Piece to be performed: \_\_\_\_\_

Please describe briefly your musical accomplishments over the past years, including volunteer services.

**DEADLINE IS FEBRUARY 24, 2024**