

**CENTRAL ILLINOIS YOUTH SYMPHONY  
AUDITION INFORMATION FORM**

**Please fill the form out with current information.  
(PLEASE PRINT)**

Name: \_\_\_\_\_ Instrument: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Student Email: \_\_\_\_\_

Guardian(s) Email(s): \_\_\_\_\_

Years Played: \_\_\_\_\_ Group(s) you are auditioning for:      Cadet    Prep    CICO    CIYS

Clarinet Choir    Flute Choir    Brass Ensemble

Name of school in September 2010: \_\_\_\_\_

Address of school: \_\_\_\_\_

Your grade in September 2010: \_\_\_\_\_

Other instruments you play: \_\_\_\_\_

How did you find out about our auditions? \_\_\_\_\_  
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**School Music Teacher Endorsement:**

The above student has my recommendation for membership in the Central Illinois Cadet Orchestra, Central Illinois Prep Orchestra, Central Illinois Concert Orchestra, Central Illinois Youth Symphony, Flute Choir, Clarinet Choir or Brass Ensemble.

\_\_\_\_\_  
(school music teacher's signature)

**School Music Teacher Contact Information:  
(PLEASE PRINT)**

Name: \_\_\_\_\_

School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**(OVER PLEASE)**

**To secure your audition, return this form along with your \$25.00 nonrefundable audition fee to:**

**Central Illinois Youth Symphony  
Auditions  
P.O. Box 908  
Morton, IL 61550**

On behalf of the CIYS Board of Directors and staff, we want to thank you for your interest in the Central Illinois Youth Symphony. We look forward to meeting you at your audition. If you have any questions or concerns, please feel free to contact the managers at 1-888-218-4650 or [ciysmanager@hotmail.com](mailto:ciysmanager@hotmail.com) (Renee) or [ciysmanager2@gmail.com](mailto:ciysmanager2@gmail.com) (Becky).

Sincerely,

Becky Carlyle, Manager  
Renee Chernick, Manager  
Central Illinois Youth Symphony