



MYM 2010 SATURDAY MUSIC PROGRAM AUDITION / REGISTRATION FORM

PLEASE PRINT

Applicant's Name

Address

.....

..... **Postcode**

Tel **Mobile**

Email

Date of Birth

Current School or Tertiary Institution

Instrument/s 1

2

Level (AMEB / Suzuki / Other)

Length of study on instrument (years)

Parent's or Guardian's Name

Current Teacher's Name

Current Teacher's Telephone

Current Teacher's Address

.....

.....

Current MYM Ensemble (if any)

I wish to audition for the following Ensembles:

Preference 1

Preference 2

Application form continues overleaf

Previous ensemble experience and any other ensemble commitments for 2010:

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.....

How did you hear about MYM Saturday Music?

- Word of mouth School/University Music teacher
 Google Previous Saturday Music Member
 OTHER (Please describe).....
.....
.....

Signature of player (If under 18, name and signature of parent or guardian)

..... Date

AUDITION PAYMENT FORM (if applicable)

PLEASE ENCLOSE PAYMENT with completed form. Do not send cash in mail.

FEES: \$45 for 1 applicant. **\$85** for 2 or more applicants in one family.

Name/s of Applicant/s.....
.....
.....

- I enclose a cheque for \$_____ made payable to Melbourne Youth Music
OR I enclose a money order for \$_____

Please return form and payment to: Melbourne Youth Music, PO Box 11, Abbotsford VIC 3067

Inquiries: (03) 9416 4366. *The total audition fee is non-refundable and non-transferable.*



EMAIL mym@mym.org.au WEB www.mym.org.au
TEL (03) 9416 4366 FAX (03) 9416 4389 MOB 0417 124 486
PO Box 11, Abbotsford VIC 3067

