WHEATON SYMPHONY MUSICIAN APPLICATION

INSTRUMENT: _____ DATE: _____

NAME: _____ AGE (CIRCLE ONE)

ADDRESS: _____ HIGH SCHOOL

CITY: _____ STATE: _____ ZIP: _____ COLLEGE

E-MAIL: _____ ADULT

HOME: (____) ____ - _____ WORK: (____) ____ - _____ CELL: (____) ____ - _____

PLEASE DESCRIBE ALL MUSICAL EXPERIENCE INCLUDING CHAIR POSITIONS HELD OR ATTACH A RESUME

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CROSS OUT REHEARSALS YOU CANNOT ATTEND

6-26|6-29|7-7||7-10|7-17|7-21||7-24|7-28||7-31|8-4

CROSS OUT CONCERTS YOU CANNOT ATTEND

7-8|7-22|7-29|8-5

HOW DID YOU HEAR ABOUT US (CIRCLE ONE): MAIL FRIEND WEBSITE OTHER: _____

PLEASE LIST ANY PROSPECTIVE RECRUITS FOR THE ORCHESTRA (ESPECIALLY STRING PLAYERS)

NAME	ADDRESS	CITY	STATE	ZIP	INSTRUMENT

ONCE COMPLETED, YOU MAY E-MAIL, MAIL, OR FAX THIS FORM TO US AT:

WHEATON SYMPHONY ORCHESTRA
DON MATTISON, MANAGER
344 SPRING AVENUE
GLEN ELLYN, IL 60137-4826
E-MAIL: INFO@WHEATONSYMPHONY.ORG
PHONE: (630) 790-1430 FAX: (630) 790-9703