



# Carolinas Youth Winds At Winthrop University

## Audition Application

Application must be postmarked by November 19, 2018 in order to reserve an audition time.

PLEASE PRINT LEGIBLY.

Student Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Instrument: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address (Street, City, State, ZIP): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years of Experience: \_\_\_\_\_ Are you currently taking private lessons:  YES  NO

Shirt size (please circle one): S M L XL XXL XXXL

Band Director's Recommendation (required): \_\_\_\_\_  
Date

Parent/Guardian Authorization (required): \_\_\_\_\_  
Date

**\$10 Audition Fee enclosed** – checks payable to: Winthrop University, with "CYWinds" in the memo

Please complete and mail this form to:

Dr. Doug Presley, Director  
Carolinas Youth Winds at Winthrop University  
Department of Music  
129 Conservatory of Music  
Rock Hill, SC 29733

If Audition Fee is not mailed in with this application, payment will be required at the time of the audition.  
Please make check or money order payable to: **Winthrop University**  
Enter CYWinds in the memo line.