

Paradise Symphony Orchestra Application

Name: _____ Date: _____

Address: _____

Email: _____

Cell phone: _____

Home phone: _____

Best hours to call: _____

Please tell us a little about your musical background:

Instrument: _____

Training: _____

Performances: (Please indicate whether your performance was as a soloist or with an orchestra, ensemble or other group where applicable, and the number of years you performed with a particular group or organization.)

Would you be able to attend orchestra rehearsals Mondays from approx. 7-9:00pm? _____

Please return your completed form to:

Paradise Symphony Society PO Box 1892 Paradise, CA 95967 or info@paradisesymphony.org

THANK YOU FOR YOUR INTEREST.

SOMEONE FROM THE SYMPHONY WILL CONTACT YOU SHORTLY.