

Eastern Connecticut Symphony Orchestra Instrumental Competition Application – 2019

Competition CD or .mp3 (320kbps) must accompany application and be received in the ECSO office or email by the deadline date, **Friday**, **February 1**, **2019**. **Absolutely no exceptions**.

Date of Birth:	(must be bo	(must be born on or after March 9, 1993)		
Name:				
Phone #:	_ Cell Phone #:			
Email:				
Street:				
Instrument:				
Parent or Guardian (if under 21)		Phone:		
Street:	City:	State:	Zip:	
Number of years of musical study _		_		
Music schools attended				
Current Music Teacher				
Street:	_City:	State: Zip):	
4. List any musical ensembles with wh	ich you have appea	red as a soloist.		
5. List piece you are prepared to perfor for solo instrument accompanied by sta			iginally composed	
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7. Please indicate that you understand that you must provide your audition accompanist by	_
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initialing the space provided:	_
8. How did you hear about ECSO's Instrumental Competition?	_
	- - -
By signing this application form the contestant certifies that the soloist on the recording submit with the application is the contestant and that the performance on the recording has not been technically modified or altered to improve intonation or aesthetic interpretation artificially.	- ted
Candidate's Signature	_
All applicants will receive a pair of tickets to any 2018-19 ECSO concert of his or her choice	-
Return this application, signed, along with all materials to:	
EASTERN CONNECTICUT SYMPHONY ORCHESTRA 289 STATE STREET NEW LONDON, CT 06320 or	
daniel@ectsymphony.com	
INSTRUCTION CHECKLIST (be sure all items are fulfilled): CD or .mp3 (320kbps) of your performance of the piece	
Proof of age	
\$50 Application Fee Signed Application	

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