Legends In Concert

Musicians Auditions Form

Date ___/___/___

Name:_____ Phone #_____

Email:_____ Age:_____

What instrument chair are you auditioning for? _____

Secondary instruments:

1_____ 3_____

2_____ 4_____

Other Musical Skills (Producing, Programming, Engineering, Software Knowledge, etc..

1_____ 4_____

2_____ 5_____

3_____ 6_____

Other Commitments:

_____

_____

_____

_____

_____

_____

Two References:

Name:_____ Phone#_____

Name:_____ Phone#_____

Fax (808) 629 7452