

THE NATIONAL YOUTH BRASS BAND OF GREAT BRITAIN

APPLICATION FOR AUDITION

To ensure that essential details can be accurately recorded please complete this form in BLOCK letters.

Masterclasses will take place at all the audition sessions, which all candidates will be required to attend.

1. Your surname _____ Your first names _____

2. Your home address : -

Postcode : -

3. Your telephone no. _____ email _____

4. Your date of birth _____

5. Instrument _____

6. Other musical instruments you play _____

7. Which bands do you play in _____

8. Grade and date passed of any musical examinations (specify fullest possible details): -

9. Please state which location / date you would most like to audition at: -

10. Parents name _____ email _____

Signature _____ Date _____

When completed this form should be sent, together with a large letter stamped self-addressed envelope, to: -

Philip Biggs
The Administrator
The National Youth Brass Band of Great Britain
2 The Coppice
Impington
Cambridge
CB24 9PP