



## 2008 SCHOOLS SPECTACULAR ORCHESTRA AND STAGE BAND AUDITION INFORMATION

The Spectacular Orchestra will work towards preparing approximately 90 minutes of material during an intensive rehearsal period. The repertoire will be varied, covering a wide range of classical and popular music styles.

In addition to the Spectacular Orchestra, a Stage Band may be formed, which will play all stage band repertoire included in the performance.

1. Players for these groups apply on the nomination form enclosed in this information.
2. Applications for the stage band and orchestra close on **Friday 1 August 2008**.
3. Auditions will be held on **Friday 26 September until Sunday 28 September 2008**.
4. As the rehearsal period and subsequent performances occur after the HSC exams, talented Year 12 instrumentalists are encouraged to audition.
5. Please print clearly on the application form.

## 2008 SCHOOLS SPECTACULAR STUDENT INSTRUMENTALIST NOMINATION FORM

### PERSONAL CONTACT DETAILS

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Home Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Gender: MALE / FEMALE \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_

### FAMILY INFORMATION

Parent 1 \_\_\_\_\_  
(Title) (Given name) (Surname)

Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Parent 2 \_\_\_\_\_  
(Title) (Given name) (Surname)

Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

### SCHOOL CONTACT INFORMATION

School \_\_\_\_\_

Music Teacher \_\_\_\_\_  
(Title) (Given name) (Surname)

Music Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_  
(Title) (Given name) (Surname)

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

### ITEM / ARTIST INFORMATION

I wish to nominate for \_\_\_\_\_  Orchestra  Stage Band  Both

1<sup>st</sup> instrument \_\_\_\_\_ Years played \_\_\_\_\_ Standard \_\_\_\_\_ Exam Body \_\_\_\_\_

2<sup>nd</sup> instrument \_\_\_\_\_ Years played \_\_\_\_\_ Standard \_\_\_\_\_ Exam Body \_\_\_\_\_

Students signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Fax or post (one method of delivery only) to:

Steve Williams  
Locked Bag 3003  
Summer Hill, NSW 2130  
Fax: 02 9569 6878

**NOMINATIONS ARE DUE BY FRIDAY 1 AUGUST 2008**