

Pocono Youth Orchestra

2026-27 Entrance Audition Form

Student Name: _____ Age: _____ Grade: _____

Instrument: _____ Years of Study: _____

Student's School: _____ School Music Director: _____

Private Music Teacher: _____ Phone Number: _____

Parent/Guardian Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred email(s): _____

Circle Preferred Orchestra Level: see [PYO Audition Info page](#) - Which Orchestra Is Right for Me?

PJSO (Beginner)

PYO (Advanced)

Please list any prior orchestra, chamber group, or other music ensemble experiences.

What piece are you playing today?

Why did you select this piece?

Do you play any other instruments? If yes, which ones and for how long?

If you don't get into your preferred orchestra level, would you accept a different assignment? (circle one)

Yes

No

Student Name

Student Signature and Date

Parent/Guardian Name

Parent/Guardian Signature and Date

Pocono Youth Orchestra / P.O. Box 1101, Stroudsburg, PA 18360

www.pocono-youth-orchestra.org