THE ROCHESTER SYMPHONY YOUNG ARTIST COMPETITION **Application for Competition**

Name	Phone	
(Please print clearly)		
Address		
(Street)	(city/state)	(zip)
Date of Birth	Instrument	
Graduation Year	School	
Selection to be perfor	med	
Movement:	Opus#	
Composer		
Orchestration availabl	e from	
	(Please give libra	ry name.)
		Email
		recommend
(Please print name an		
		or application to the Rochester Symphony
	ion. He/She is an accomplish toward professional standar	ned musician qualified to participate in a ds.
Signed		Date
• •	•	in order to be eligible. Applicants will be signed an audition time. Auditions will take

place on January 13, 2024.

You may download, fill out the application and pay online or return this form with a \$35.00 application fee. If paying by check, checks should be made out to The Rochester Symphony Orchestra and sent to: RSO Young Artist Competition c/o Rita J. May, 5955 Cobb Creek Road, Rochester, MI 48306

Questions: 248-652-9154 or email: ritamay19@sbcglobal.net