

**LEE'S SUMMIT
SYMPHONY**
Experience the Sound



ORCHESTRA APPLICATION FORM

Name: _____

Address: _____

Phone : _____ **E-Mail:** _____

Primary Instrument: _____

Years of training and experience: _____

Orchestral Experience: _____

Special Training: _____

Other Instrument(s): _____

References:

Please prepare a 5 minute orchestral excerpt or solo passage for your audition. You will be contacted to schedule your audition time after your complete application is received.

(Continued below)

Lee's Summit Symphony Musician Contact Information

This page must be completed, signed and submitted with your application.

Name: _____ Instrument: _____
Street Address: _____ City, State, Zip: _____
Phone: _____
(Day) (Evening) (Cell)
E-mail: _____ E-mail2 (if applicable) _____

Talent Release: I assign and grant to the Lee's Summit Symphony Orchestra the right and permission to use and publish the photographs/film/videos/electronic representations and/or sound recordings made of me by the Lee's Summit Symphony Orchestra, its agents or representatives or by any third party at any performance or event in which I participate as a member or representative of the Lee's Summit Symphony, and I hereby release the Lee's Summit Symphony Orchestra from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, web posting, electronic storage, and/or distribution of said photographs/film/videos/electronic representations and/or sound recordings without limitation at the discretion of the Lee's Summit Symphony Orchestra, and I specifically waive any right to compensation I may have for any of the foregoing.

Participant's Signature _____ Date _____

Please return your completed application to Lee's Summit Symphony Orchestra by email to office@lssymphony.org or by mail to PO Box 352, Lee's Summit, MO 64063.

Questions? Please contact us at office@lssymphony.org or (816) 401-5251. Thank you for your interest in the Lee's Summit Symphony