



YOUNG BRONX ARTIST CONTEST APPLICATION

Name _____

Address _____ Zip _____

Phone _____ Cell _____ Email _____

Age _____ Instrument _____

Name of music teacher _____ Years of study _____ Grade in school _____

Name of school _____

Music schools attended:

Any previous awards(attach a separate sheet, if necessary) :

A brief description of past performances and repertoire (attach a separate sheet, if necessary):

Your audition repertoire: (15 minutes or less)

Please return application by Mail, Fax or E-mail before **Monday, April 16**

Bronx Arts Ensemble 80 Van Cortlandt Park South, Suite 7D-1 Bronx NY 10463

Phone: 718 601-7399 Fax: 718 549-4008 Email: info@bronxartsensemble.org

**AUDITIONS ARE ON SATURDAY, APRIL 21 beginning at 9 am
VLADECK HALL, AMALGAMATED HOUSES Corner of Hillman Avenue and Van
Cortlandt Park South, Bronx**

You will be notified by phone of audition time and travel directions.