



# AIMS Festival Orchestra in Graz

## Audition Questionnaire & Report

- **PRINT OUT BOTH PAGES OF THIS FORM.**
- **FILL OUT** the questionnaire (p.1) and your repertoire (p.2), attach a passport-size photo, and your one-page résumé. Sign the statement at the bottom of p.1. **BRING these items to your audition!** **GIVE them to the AIMS Representative.**
- The audition fee is payable *in advance* when registering on the web site or to the AIMS Administration Office by check.
- If submitting a recorded audition, register and pay the fee online; mail this form and your recording to: AIMS, 28 East 69<sup>th</sup> Street • Kansas City MO 64113 USA  
Recorded selections must be in one take.  
See [www.aimsgraz.com](http://www.aimsgraz.com) for complete audition information and required repertoire.

Attach passport size photo in upper right corner

Please print clearly.

Name \_\_\_\_\_  Male  Female

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Category:  Student  Teacher  Professional  Other \_\_\_\_\_

If you currently play in a symphony orchestra:

Name of orchestra \_\_\_\_\_

Position \_\_\_\_\_ How many years? \_\_\_\_\_

Primary Instrument \_\_\_\_\_ Secondary \_\_\_\_\_

If requested, would you bring the secondary instrument to Graz?  Yes  No

Colleges/Universities attended \_\_\_\_\_

(Circle highest level) Fr Soph Jr Sr Grad Year graduated \_\_\_\_\_ Degree \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Month Day Year as of next July 1

Total Years Studied \_\_\_\_\_ Current teacher and/or coach \_\_\_\_\_

Other Teachers \_\_\_\_\_

Coaches or Conductors \_\_\_\_\_

Have you participated in the AIMS Festival Orchestra?  Yes  No Year(s) \_\_\_\_\_

I will provide my own audition accompanist:  No  Yes Name of accompanist \_\_\_\_\_

AIMS will have a pianist available at the audition at no charge; however, rehearsal time must be arranged at your expense.

Optional: List two professional references familiar with your playing ability and orchestral work:

1. \_\_\_\_\_  
name position/organization phone number

2. \_\_\_\_\_  
name position/organization phone number

I have read the information about the AIMS Festival Orchestra program in Graz on the AIMS web site and the sample Orchestra Contract. I understand that on receipt of a contract, I must return it within 14 days with a \$250 deposit, refundable in Graz when terms of the contract are met.

(s) \_\_\_\_\_

AUDITION QUESTIONNAIRE and AUDITION REPORT - Orchestra (cont'd)

Please fill in the 'Excerpt: composer/work' lines for your instrument.  
Leave the second line in each category blank for the comments of the AIMS Representative.

LAST NAME \_\_\_\_\_ First Name \_\_\_\_\_ INSTRUMENT \_\_\_\_\_

Required movement from a standard concerto:

composer	title	movement
Comments _____		
Excerpt #1: (composer/work) _____		
Excerpt #2: (composer/work) _____		
Excerpt #3: (composer/work) _____		
Excerpt #4: (composer/work) _____		
Excerpt #5: (composer/work) _____		
Excerpt #6: (composer/work) _____		
Excerpt #7: (composer/work) _____		

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Audition Representative \_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_

Audition Grade:      A+      A      A-      B+      B      B-      C+      C      C-

Contract Status:       Yes       High alternate       Low alternate       No

Comments: \_\_\_\_\_

\_\_\_\_\_

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