



**The Calgary Fiddlers Association
Audition Request Form
20__-20__ Program Year**



Bow Valley Fiddlers

Calgary Fiddlers

Personal Information

Name of Student: _____
 Names of Parents: _____
 Street Address: _____
 City: _____
 Postal Code: _____
 Phone Number: _____
 Mom's Work phone: _____
 Dad's Work phone: _____
 Fax: _____
 Cellular Phone: _____
 E-mail: _____
 Birthday: _____

Musical History

Present Violin Teacher: _____
 Present Violin Teachers Phone Number: _____
 Present Teachers Email Address: _____
 Past Violin Teachers: _____
 Years of Experience (playing Violin): _____
 Other Instruments played: _____
 Other Extra Curricular Activities: _____

Please note that if accepted into the Bow Valley or Calgary Fiddlers program, the Fiddler is expected to continue with classical violin training.

Additional Information

School Board:
 Are you a registered student at MRC
 Conservatory? Yes No
 If so what program? _____

Send or email this completed form to: The Calgary Fiddlers Association
 4825 Mount Royal Gate SW
 Calgary, AB T3E 6K6
 Or Nolana@CalgaryFiddlers.com