



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



Bow Valley Fiddlers

Calgary Fiddlers

Personal Information

Name of Student: _____
 Birth Date: _____
 Names of Parents: _____
 Street Address: _____
 City: _____
 Postal Code: _____
 E-mail: _____
 Home Phone Number: _____
 Mom's Work phone: _____
 Dad's Work phone: _____
 Mom's Cell phone: _____
 Dad's Cell phone: _____

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: _____

Please email this completed form to: nbaillargeon@CalgaryFiddlers.com

or
by mail to:

The Calgary Fiddlers Association
 PO Box 74086 Strathcona
 Calgary, AB T3H 3B6