



River Hill High School-Department of Music

M. Joseph Fischer, Director of Bands

Rosemary Lather, Director of Orchestras

YOUNG ARTIST COMPETITION

Audition Form

Personal Information (Please Print)

Last Name: _____ First Name: _____ M.I: _____ Date: ___/___/___

Address: _____ City: _____ State: MD Zip _____

Phone:(H)(____) _____ Instrument: _____

Title of Selection: _____

Composer/Arranger _____

Experience

Years of Experience: _____

Do you study with a private teacher?: YES NO Years of Study?: _____ Instructor: _____

Adjudication

TONE (Beauty, Characteristic Timbre, Control) (1-20) _____

INTONATION (1-20) _____

TECHNIQUE (Articulation, Breathing, Embouchure, Facility, Rhythm) (1-20) _____

INTERPRETATION (Phrasing, Style, Tempo) (1-20) _____

MUSICAL EFFECT (Artistry, Fluency, Expression, Dynamics) (1-20) _____

TOTAL _____

GRAND TOTAL _____

(Combined Judges)

COMMENTS

Signature of Judge _____