

**MAIN LINE SYMPHONY ORCHESTRA
YOUNG ARTIST COMPETITION
Teacher Recommendation Form**

Applicant's Name _____

Teacher's Name _____ Phone Number _____

Teacher's address _____

Teacher's e-mail _____

Teacher's school affiliation _____

Please ensure that your student prepares a piece for which orchestral parts are readily available.

Does this applicant study with you at the present time? _____

How long has the applicant studied with you? _____

On a scale of 1 to 5, 1 being the lowest and 5 the highest, please rate this applicant on the following criteria:

1 2 3 4 5

1. Musical Talent
2. Rhythmic Accuracy
3. Musicianship
4. Performance Experience

Additional Comments:

Teacher's signature _____ Date _____

Please send this form to: **MAIN LINE SYMPHONY ORCHESTRA**

**P.O. Box 1521
Southeastern, PA 19399-1521**

**AUDITIONS WILL BE HELD ON SATURDAY, September 28, 2024
APPLICATIONS MUST BE RECEIVED NO LATER THAN September 4, 2024**