

The Weymouth Center Young Musicians Festival

Application Form: 2025

Name _____

Email Address:

Phone: _____

Grade _____

School _____

Performance Area/Medium _____

Length of Study _____

Music Teacher (Check appropriate blank):

Private Study _____ Public School _____ Private School _____

Teacher's Name _____

Phone: _____

Email Address: _____

Audition Repertoire (maximum 3 minutes each). Please list title, composer and length of each selection:

A. _____

B. _____

Please return this form to rose@weymouthcenter.org no later than 3/1/25