



APPLICATION FORM
Please return before Friday, November 8th 2019

CELLO CO-SOLO - 2ND CATEGORY
MONDAY NOVEMBER 18TH, 10AM

Last Name: _____

First name(s): _____

Date and place of birth: _____

Nationality: _____
If you do not come from a EU country, please inform us about your situation (visa, permission to stay...)

Social security number: _____

Address: _____

Telephone: _____

E-mail: _____

Current position: _____

Former position: _____

PLEASE ADD YOUR RÉSUMÉ

Degrees: _____

Would you like to rehearse with a pianist the day before the audition? yes no

*If yes, please contact the Orchestre Symphonique de Bretagne's librarian **between Tuesday November 12th 2019 and Wednesday November 13th 2019 until noon** for an appointment, via email: raymond@o-s-b.fr. No applicant will be admitted to rehearsals without an appointment.*

ORCHESTRE SYMPHONIQUE DE BRETAGNE
42A, rue Saint Melaine
BP 30823 35108 RENNES CEDEX 3

Tel. 33 (0)2 99 275 285 / Fax. 33 (0)2 99 275 276
www.o-s-b.fr

DECLARATION

I declare, by my honor, that the information given in this form is true. I have been informed that any false declaration given by me will lead to the disqualification from the competition and cancel my potential nomination. In case of success, I engage myself to produce the documents required to constitute my file during the two weeks following the notification. If I fail to do so, my nomination will be considered as not accepted. I hereby declare agreeing to the terms attached.

DATE:

SIGNATURE preceded by « read and agreed »:

How did you became aware of the audition?

Music School Orchestra Relationship Media (title):

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