

## **Audition Confirmation**

Personal Information	
Name and surname	
Date of birth	
Cellphone (student)	
E-mail (student)	
Cellphone (parent/guardian)	
E-mail (parent/guardian)	
Registered/planned course	
Audition Information	
Where do you live?	
Are you able to travel to the Bloemfontein Campus for an audition?	
First instrument	
Second instrument (if applicable)	
Do you need an accompanist?	

Please send your form to ms Luzanne Eigelaar or mr Eljee du Plooy. Contact information: 051 401 2810

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