

NAME: _____

POSITION APPLYING FOR: _____

ADDRESS: _____

To make a deposit by Credit Card:

MasterCard Visa Discover

Card # _____

Exp. Date: ____/____ CVV: _____ Billing Zip Code: _____

I authorize Lansing Symphony Orchestra to process my CC above for a \$20 deposit if I do not notify them of my cancellation one week before my audition or do not show up on the day of my audition.

Signature: _____

Please return to:

Lansing Symphony Orchestra
Attn: Auditions
104 S. Washington Sq., Suite 300
Lansing, MI 48933

Phone: 517.487.5001
Email: paul@lansingsymphony.org