

Choral Audition Form

Name: _____ Telephone #: _____

Address: _____ Email: _____

_____ Zip Code: _____

Name of Parents/Guardians: _____

If you work Part-Time, how many hours per week do you work? _____

Voice classification (if known): S1 S2 A1 A2 T1 T2 B1 B2

Year in School: 9 10 11 12 Have you been in a choir before: _____

Do you play an instrument (if yes, what and how long): _____

Have you studied voice (if yes, with whom and how long): _____

Briefly state *why* you want to participate, and what you can do to *improve* the choir. _____

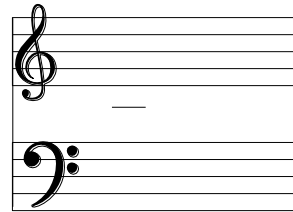
STOP HERE

Please present this form to the instructor upon entering the audition room.

Thank you for your interest in the SMCHS choral program.

Key (1 = low, 5 = high)

- | | | | | | |
|-------------------------|---|---|---|---|---|
| 1. Solo: | 1 | 2 | 3 | 4 | 5 |
| 2. Range: | 1 | 2 | 3 | 4 | 5 |
| 3. Tone Quality: | 1 | 2 | 3 | 4 | 5 |
| 4. Intonation: | 1 | 2 | 3 | 4 | 5 |
| 5. Sight-Singing: | 1 | 2 | 3 | 4 | 5 |
| 6. Melody Memorization: | 1 | 2 | 3 | 4 | 5 |
| 7. Confidence: | 1 | 2 | 3 | 4 | 5 |
| 8. Languages: | 1 | 2 | 3 | 4 | 5 |
| 9. Overall Rating: | 1 | 2 | 3 | 4 | 5 |



Comments: _____

Accept? _____ Choir: _____ Voice Part: _____