

Audition Sheet

Contact Information (please complete prior to your audition)

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Day Phone: _____

Evening Phone: _____

Please briefly describe your previous choral experiences: _____

In your previous choral experiences, what voice part did you sing? _____

Audition (this area is to be completed by the artistic director)

Range: _____

Tone: _____

Diction: _____

Intonation: _____

Breath Technique _____

Sight Singing: _____

Voice Classification: _____

Membership: _____