

CHAMBER SINGERS AUDITION FORM

VOCAL EXPERIENCE

(Only NEW students complete the entire Biography Section)

Name: _____ Date: _____

Address: _____

Phone: (H) _____ (W) _____ (Cell) _____

Email Address (s) _____

Name of High School _____ Music Teacher _____

Class standing (circle): Freshman Sophomore Junior Senior

- Chamber Singer's rehearsals are TWTH from 4-5:30 PM. Do you have any scheduling conflicts? _____
- How do you learn music? Please circle: by ear; sight-read; or at a piano?
- On a scale of 1-10, with 10 being superb, how would you rank your sight-reading skills? _____
- How many years of voice lessons have you had? _____
- Will you be taking voice lessons this semester? _____
- Do you play the piano? _____
- Do you play any other instruments? _____
- Please list any courses in music theory (including AP Music Theory) or ear training classes that you have taken.

- What previous choral experiences have you had: High School/Church/College?

- Do you have any experience as a soloist?

