



AUDITION REQUEST INFORMATION FORM

Singer's Name _____

Singer's Address _____

Phone Number (most easily accessible) _____

Parent's name _____ **Parent's E-mail address** _____

DOB _____ **Age** _____ **M/F*** _____ **Grade** (currently enrolled in) _____

*If the child is male, is his voice unchanged, changing, or changed? _____

Name of school _____ **District** _____

How did you learn about the auditions?

- word of mouth
- brochure
- website
- other _____

Which best describes your singer? (please check one)

- Beginner, in grades entering grades K-3; early reader (picture books to early chapter books), enjoys singing, follows directions well, has desire to sing in a group.
- Limited choral experience (singing family, church choir, school choir, no instrumental background), reads chapter books
- Intermediate choral experience/early music reader (plays and instrument, elementary/middle school select or festival chorus, advanced reader
- Advanced choral experience (select or auditioned choral experiences, instrumentalist for three or more years, sight-singing skills)
- I'm not sure, but here is a description to consider: _____

**Audition appointment:
(for office use only)**

Swope Music Building, West Chester University of PA, 817 S. High Street, WC

Date _____ Time _____

Room number _____ Group _____