



Audition Form

(will print on one sheet)

Name: _____ Date: _____

Street/Apt #: _____ E-mail: _____

Town, State, Zip: _____

H. phone: _____ W. phone: _____

C. phone: _____ FAX: _____

Audition selection: _____

How did you learn about Schola? _____

How long have you sung in choirs? _____

What instrument(s) do you play? _____

Have you sung solos? _____ What part do you sing? _____

Do you enjoy singing solos? _____

What choir(s) are you currently singing in? _____

If you have sung in other choirs previously, please list them in reverse chronological order.

Please circle which languages you are comfortable pronouncing:

Latin / Italian / German / French / Russian / other? _____

Name of local paper: _____