# *The Robert Sharon Chorale*
# Audition Form

Name: _____ Home #: _____

Address: _____ Cell #: _____

_____

Email Address: _____ Birthday: _____

1. Choral Experience: (If additional space is required, please use the back side of this sheet.)
   a) _____
   b) _____
   c) _____

2. Vocal Training: Private Lessons _____ Yes _____ No
   If yes, please indicate the number of years and the teacher:
   a) _____
   b) _____

3. Instrumental Training: _____ Yes _____ No
   If yes, please indicate what instrument and length of study:
   a) _____
   b) _____

4. Musical Awards, Honors, Recognitions, etc., and anything else that will impress us!
   a) _____
   b) _____
   c) _____

**Chorale Use Only**

Range: _____ Aural: _____ Tone: _____

Recommended for: S1 S2 A1 A2 T1 T2 B1 B2