



SISTERS IN SONG AUDITION

NAME _____

ADDRESS _____

CITY _____

ZIP _____

PHONE _____ EMAIL _____

PARENTS _____

PARENT'S EMAIL _____

AGE _____ SCHOOL _____

GRADE _____ (in fall 2017)

Does your school have a choir (or choirs) that meets during the day or is taken for credit/grade

Yes _____ No _____

If yes, do you sing in a school choir? _____ Voice part _____

Name of your choir director _____

Do you sing in another choir (church, community)? _____ Name of choir _____

(please do not write below this line)

Range

Tone

Intonation

Breath support

Other