

Robert Sharon



Chorale

The Robert Sharon Chorale

AUDITION FORM

Name.....Home #

Address.....Cell #

City/State, Zip

E-mailBirthday

1. Choral experience (if additional space is required, please use the back of this sheet)
School/ Religious Group Voicing # of Years Part You Sang Director's Name

A.

B.

C.

2. Vocal Training (private lessons) ___Yes ___No
If Yes, please indicate Number of years and 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:

S 1 S 2 A 1 A 2 T 1 T 2 B 1 B 2