

WICHITA COMMUNITY CHILDREN'S CHOIR

Singer Audition Form

Please print off and bring with you.

Don't have a printer, copies will be available at the Audition Site.

Applicant's Name: _____ male ___ female ___
(PRINT) Last First

Current School _____ Grade _____
(in 2021-22) (in 2021-22)

Home address _____
(PRINT) Street City Zip

Home phone _____ Email _____ Parent work phone _____
Cell phone _____

Choral music performance experience (school, church, select groups) _____

Which voice part(s) do you sing? Soprano _____ Alto _____

What musical instrument(s) do you play? _____ # of yrs of lessons _____

Are you a current member of WCCC? Yes (# years) _____ No _____

Why would you like to be a member of WCCC? _____

In what other activities are you involved? _____

SIGNATURES: _____
Applicant Parent

Recommending teacher

*****Do Not Write Below*****

America A. _____ B. _____ C. _____

Intonation 1 2 3 4 5

Tone 1 2 3 4 5

Focus/Cooperation 1 2 3 4 5

Sight Reading 1 2 3 4 5

Aural Recall 1 2 3 4 5

Participation Level 1 2 3 4 5

