

**SINGER INFORMATION — WCCC AUDITION FORM**  
**Please bring this form with you to your audition!**

Singer Name \_\_\_\_\_ male \_\_\_ female \_\_\_ Birthday \_\_\_\_\_

Grade Level for upcoming Fall \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Primary Email \_\_\_\_\_ Parent Cell Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

School attending now \_\_\_\_\_ School in fall \_\_\_\_\_

Music Teacher Name \_\_\_\_\_

Previous Music Experience \_\_\_\_\_

Do you play an instrument (s) \_\_\_\_\_ If yes, what? \_\_\_\_\_ # of years \_\_\_\_\_

Why are you auditioning for WCCC? \_\_\_\_\_  
\_\_\_\_\_

In what other activities are you involved? \_\_\_\_\_  
\_\_\_\_\_

What is unique or unusual about YOU? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about WCCC? \_\_\_\_\_

\*\*\*\*\* Please do not write below this line \*\*\*\*\*

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

