

Music Audition Form

Name_____

Age_____

Number
(To Be
Assigned at
Auditions)

Please circle the types of music experience that you have:

Church choir School chorus Musical Theater Band
Private Instrument Lessons Voice lessons Other_____

Length of time you participated:_____

Have you sung a harmony part before? Yes No

Do you know your voice part? If so, please circle.

Soprano Alto Tenor Baritone Bass