

Music Audition Form

Name _____ Number _____

Age _____



Please circle the types of music experience that you have:

Church choir School chorus Musical Theatre 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

Any Additional Information/Explanation: _____

AREA BELOW RESERVED FOR NOTES BY PRODUCTION STAFF
