

***Voce Viaggio* Audition form**

Name _____ Age _____

Birthday _____

Parent (s)'s Name(s)

Complete mailing address:

Street _____

City _____ Zip _____

Email address _____

Phone number _____ Cell _____

Number of years in Children's Chorus _____

What aspects of Chorus do you enjoy the most?

Other singing experience (School Chorus, church choir etc.)

Preferred rehearsal time: (Circle at least one)

Saturday morning 10:00 – 11:30am

Saturday afternoon 2:00 – 3:30pm

Sunday afternoon 2:00 – 3:30pm