

Singer Information

Durham Children's Choir Audition

Singer Name _____ Age _____ Birthday _____

Parent(s) Name _____

Primary Email _____ Parent Cell Number _____

Singer Address _____

City _____ ST _____ Zip _____

Grade for Upcoming School Year _____

School _____

Music Teacher _____

Previous Choir Experience: _____

Do you take voice lessons? _____ If yes, from whom? _____

Do you play an instrument? _____ If yes, what instrument(s)? _____

Why are you auditioning for the Durham Children's Choir? _____

What is unique or unusual about YOU? _____

Please let us know how you heard about the Durham Children's Choir.

_____ Durham Children's Choir Website

_____ Friend – (*friend's name*) _____

_____ Teacher – (*teacher's name*) _____

_____ Other _____