

WEST SHORE CHORALE AUDITION APPLICATION

Please bring completed application to audition or arrive 10 minutes early to complete one.

Name:		Date:
Address:	City	Zip
Mobile/Best Phone	Email	
Preferred Pronouns:	Date of Birth - Month/Day	Height:
Education Background:		
Choral Experience:		
How did you hear about us?		

DIRECTOR USE ONLY – DO NOT COMPLETE BELOW

Date	Time
Comments:	
Chorale #	