

Brevard Community Chorus New Member Audition / Information Sheet

Please **PRINT** all information requested below.

Name _____ Voice Part _____ Birth Date _____
(exactly as you wish it to appear in programs)

Address _____

(City) (State) (Zip) Height _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

E-Mail Address: _____ BCC Student Number _____

Briefly outline your musical activities, i.e., choirs you have sung in, voice or instrumental study, music classes, or degrees.

What languages do you speak / have you studied?

Please do not write below this line.

Vocal Range _____

Quality: A B C D F

Sight Reading: A B C D F

Vowels / Diction: A B C D F

Pitch Recognition A B C D F

Blend Ability: A B C D F

Comments:

Accept

Do Not Accept