



**SYRACUSE CHILDREN'S CHORUS
NEW CHORISTER AUDITION INFORMATION FORM
2019-2020**

*Please complete the form below and bring it with you to your child's audition.
Thank You!*

Audition Date: _____

Student's Name: _____ Boy or Girl _____

Age: _____ Birthdate: _____

School: _____ Grade: _____ Music Teacher: _____

Parent/Guardian #1

Name: _____

Mailing Address: _____

Preferred Phone: _____

Email: _____

Parent/Guardian #2

Name: _____

Mailing Address: _____

Preferred Phone: _____

Email: _____

Are you currently studying an instrument? **YES / NO**

Instrument: _____ No. of Years: _____ Teacher: _____

Are you currently studying dance? **YES / NO** No. of Years: _____ Teacher: _____

Are you currently taking voice lessons? **YES / NO** No. of Years: _____ Teacher: _____

Are you currently playing in a band / orchestra or singing in another chorus? **YES / NO**

Name of group: _____ Director: _____

Have you ever auditioned for the SCC before? **YES / NO** If yes, when? _____

Are there any health/learning/behavioral characteristics of which we should be made aware?

How did you find out about SCC? Did a current SCC chorister recommend or refer you?

Have you ever attended an SCC concert? **YES / NO** If so, when/where? _____