



**SYRACUSE CHILDREN'S CHORUS  
NEW CHORISTER AUDITION INFORMATION FORM  
2018-2019**

*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: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 Name : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work 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? \_\_\_\_\_