

Chamber Choir Audition
BCLUW High School

Fill in the **top** section of this form. Please neatly print.

Name _____ Telephone # _____

Voice Classification (if known): S1 S2 A1 A2 T1 T2 B1 B2

Year in school: 9 10 11 12

Have you been in Chamber Choir Before? Yes No How many years? _____

Do you play an instrument? Yes No What and how long? _____

Briefly state why you want to participate in chamber choir. _____

Stop here. Please present this form to the teacher upon entering the audition room.
Thank you for your interest in being a member of the BCLUW Chamber Choir.

(Key 1=very low, 5=very high)

1. Vocal Range: ----->

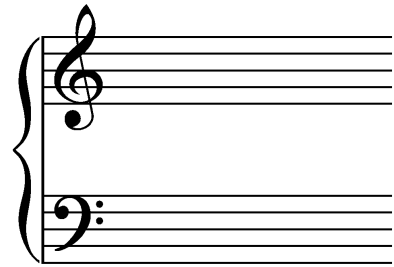
2. Vocal Quality: 1 2 3 4 5

3. Sight-Singing: 1 2 3 4 5

4. Part Singing: 1 2 3 4 5

5. Over-all Rating: 1 2 3 4 5

6. Past Performance: 1 2 3 4 5
(if applicable)



Comments: _____

Accept? Yes No Voice Part _____