

GRAND CITIES CHILDREN'S CHOIR

Audition Form

Child's name: _____ M F Age: _____ Birth date: _____

Grade in the fall: _____ School in the fall (name): _____

Height (feet & inches): _____ T-shirt Size: _____

Parent 1: _____ Mother Father Guardian

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

*E-mail address: _____

**Parent 2: _____ Mother Father Guardian

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

*E-mail address: _____

* Email addresses are requested to communicate with parents regarding rehearsals and choir updates. Your information will not be shared with any outside parties.

** GCCC will send mailings to both parent addresses if provided, unless indicated here: Primary Residence Only

1. Are you in choir at school? Y N Are you in band or orchestra? Y N

2. Name of school music teacher(s): _____

3. Have you taken private lessons in voice? Y N How long? _____

4. Voice teacher's name: _____

5. What instrument(s) do you play? _____ How long? _____

6. Are you a previous member of GCCC? Y N Which choirs? _____

7. List any siblings who have been or are in GCCC: _____

What are the other major activities in which you are involved? (Sports, church, clubs, etc.)

What is the one thing that you really need us to know about you?

Do you have any medical needs or allergies that GCCC should know about?

NOTE: Financial assistance for tuition and uniform costs is available on a limited basis. If you are interested in requesting financial assistance, please talk to Greg Nelson, GCCC Finance Director, at the registration night in September.