

SAN ANTONIO
CHORAL
SOCIETY

Name: _____ Telephone# _____

Address: _____ Email: _____

_____ Zipcode: _____

Professional Career/Academic Major in School (i.e.teacher, etc.): _____

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

Please list any previous singing experience, i.e. school, church, or community choirs, awards/competitions, (include years sung with San Antonio Choral Society if applicable):

List any instruments you play & how long: _____

Have you studied voice? If so, with whom & how long: _____

List all languages you can speak/read: _____

*Present this form to the director upon entering the audition room.
Thank you for your interest in the San Antonio Choral Society choral program.*

***** PLEASE DO NOT WRITE BELOW THIS LINE *****

Key (1=Low, 5=High)

1. Tone Quality: 1 2 3 4 5
2. Intonation: 1 2 3 4 5
3. Musicality: 1 2 3 4 5
4. Sight-Singing: 1 2 3 4 5
5. Melodic Memorization: 1 2 3 4 5



Comments: _____

Accept? _____ Voice Part: _____