

PENINSULA GIRLS CHORUS – AUDITION REGISTRATION FORM

Today's Date: _____
(MM / DD / YY)

Current Grade in School: _____

Singer's Name: _____ Birthday: _____
(MM / DD / YY)

Address: _____
street city ZIP

Name of School: _____ City of School: _____

Parent 1 Name: _____

Parent 1 Home Phone: _____ Parent 1 Cell Phone: _____

Parent 1 Email address: _____

Please use this email for weekly newsletters and communication (check at least one).

Parent 2 Name: _____

Parent 2 Home Phone: _____ Parent 2 Cell Phone: _____

Parent 2 Email address: _____

Please use this email for weekly newsletters and communication (check at least one).

MUSICAL HISTORY

Please fill out all that applies, and note that some singers have more experience than others.

Have you sung in a chorus before? _____ Where? _____

How Long? _____ Do you have experience singing in harmony or in multiple parts? _____

Do you play an instrument? _____ Which instrument? _____

How Long? _____ Do you read music? _____

How did you hear about the Peninsula Girls Chorus?

- Current or former member of the PGC. Please indicate her name: _____
- Music teacher recommended. Please indicate her/his name: _____
- Website
- Parenting on the Peninsula, program ad, flyer, or other printed publicity
- Other (please indicate) _____