

MORENO VALLEY MASTER CHORALE

P.O. BOX 1221

MORENO VALLEY, CA 92556-1221

(Please print clearly.)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BIRTH: \_\_\_\_\_ PHONES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ CA \_\_\_\_\_

(zip)

EMAIL ADDRESS: \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

ADDRESS (If different) \_\_\_\_\_

PARENTS' PHONES: \_\_\_\_\_

YEAR IN SCHOOL \_\_\_\_\_ VOICE PART YOU SING \_\_\_\_\_

Can you read music? YES NO A LITTLE

Do you play a musical instrument? Describe: \_\_\_\_\_

What musical training have you had? \_\_\_\_\_

What musicals have you performed?

Have you sung with any special groups? \_\_\_\_\_

What musical selection would you like to sing when you audition? \_\_\_\_\_