

OPERA THEATER OF LAKE LAND

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audition@operalakeland.org

AUDITION APPLICATION CHILDREN'S CHORUS

Please fill out this form and bring it with you to the audition on September 6, 2008.

Name _____ Age _____

Home address _____

Home phone _____ Other phone _____

School grade as of Fall 2008 _____

Name of school that you attend _____

Name of music/voice teacher _____

Please list your musical/theatrical experiences

Do you play any instruments? If yes, please list those that you play.

Do you read music? (check one) ___ yes ___ no

How did you hear about these auditions?

Parent/guardian's name (printed) _____

Parent/guardian's signature _____

A parent or guardian's signature is needed in order for us to hear the audition.