

Hilton Head Symphony Orchestra Chorus

Gayle Lang, Manager

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AUDITION APPLICATION

Date ____/____/____

Name _____ Voice Part _____

Address _____ Height _____

City _____ State _____ Zip _____

Birthdate ____/____/____ Home phone ____-____-____ Fax ____-____-____

E-Mail _____

Profession _____ Company _____

Ensembles sung with (name, dates, solo experience) _____

Sight reading ability: Poor Fair Good Excellent

Knowledge of music terminology: Poor Fair Good Excellent

Knowledge of music theory: Poor Fair Good Excellent

Formal vocal/instrumental study? Yes No If yes, please list below:

Voice/Instrument	Years Studied	Current Proficiency
1. _____	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
2. _____	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
3. _____	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Do you have access to a keyboard to learn your part? Yes No

Interested in solo ensemble? _____ Major solo? _____

Musical repertoire you most enjoy: _____

Would you, a friend or spouse volunteer as an usher, to do mailings, rehearsal/concert set-up, refreshments, etc.? Yes No

Name and job _____

