

AUDITION ASSESSMENT FORM

Date: _____

Name: _____

M__ F__ Birthdate: __/__/__

School in fall of 2018: _____

Grade in fall of 2018: _____

Ethnic Data *(State and local grants require the chorus to report ethnic data)*

American Indian Asian or Pacific Islander Black/African American

Hispanic White/Caucasian Other

Parents or Guardian: _____

Primary Phone () _____

Parent Email

_____ @ _____

**Please be sure your e-mail address is complete and accurate-
It is our primary method of communication**

ALL SINGERS: As a member of the Kalamazoo Children's Chorus I agree to make singing the choir a high priority and agree to be a member for the the entire season (September 4, 2018-April 30, 2019).

Singer's Signature

Parent's Signature

