

CASTLE CHOIRS AUDITION FORM

Student Name _____ Grade (2021-22) _____
Current School Attending _____
Street Address _____
City / ZIP _____
Parents' Names _____
Home Phone No. _____ Student Cell Number _____
Parent / Guardian Cell Numbers _____
Student E-mail Address _____
Parent / Guardian E-mail Addresses _____

Please rank your preferences below (1 = most interested / 2 = somewhat interested / 3 = least interested / 0 = not at all interested): * PLACE A CHECK MARK IF YOU HAVE NO PREFERENCE OR WILL NOT BE RETURNING.

_____ I prefer Concert Choir. _____ I prefer Knightingales.
_____ I prefer Knight Sensations. _____ Not returning to the program.

Please describe all performing experiences you have had (choral, dance, theatrical, etc.). Also describe any private lessons you have taken or are taking, including teachers' names.

* I understand that if chosen for choir membership, I am making a one year commitment to the organization and that I must remain in the group the full year barring any unforeseen extreme circumstances. As a parent, I will commit to helping with the appropriate booster organization in the financial and time support areas needed to keep the choirs in successful operation for the upcoming year. I also understand that a SIGNIFICANT AMOUNT of money is required, especially for the competitive show choirs, and this amount must be either paid or earned through the group fundraising.

Student's Signature

Parent's Signature

All new auditionees please have a teacher write a brief recommendation below, describing any personality characteristics or other areas you feel would be helpful for your acceptance. This recommendation can also be sent via e-mail – badcock@warrick.k12.in.us.

Teacher's Signature