

Allegro Audition Singer Information

Singer Name _____ Age _____ Birthdate _____

Parent(s) Name _____

Primary Email _____ Parent Cell Number _____

Singer Address _____

City _____ ST _____ Zip _____

Grade: 2017-2018 School Year _____

School _____ District _____

Music Teacher _____ Principal _____

Previous Choir Experience: _____

Do you take voice lessons? _____ If yes, from whom? _____

Do you play an instrument? _____ If yes, what instrument(s)? _____

Why are you auditioning for Allegro? _____

What is unique or unusual about YOU? _____

Please let us know how you heard about Allegro.

_____ Allegro Website

_____ Friend - (*friend's name*) _____

_____ Teacher - (*teacher's name*) _____

_____ Other _____