

The Singing Angels Audition Application (Please Print Clearly)

Last Name	First Name	
Home Address	City	Zip
Home Phone Number Please check	Parent/Guardian k box for best number to conta	
Male/Female High	ch School Graduation Date	
Parent/Guardian Last Name	First Name	
Parent/Guardian Email address		
I understand that there is an instructi Angels. I also understand that The Sin The Singing Angels, my child will be a designated Singing Angels call off line understand that the transportation to	iging Angels is a family commit t all rehearsals and concerts, ur prior to an absence for an exc	ment. If accepted into nless I make a call to the used absence. I further
iignature of Parent/Guardian	Signat	ture of Child
Make Music 9	Make Triends Make a	Difference

Northern Ohio Children's Performing Music Foundation, Inc. 3615 Euclid Avenue #4, Cleveland, Ohio 44115-2527 P: 216 432-5555 F: 216 432-1964 www.singingangels.org



The Singing Angels Audition Form

Last Name	First Name	Age
School	Grade	Height
Date of Birth		
Can you read music? Y/N		
Have you ever auditioned for Sing If so when?		
What musical instruments do you How long have you studied?	play?	
Have you ever studied dancing Y/ How long have you studied?		
	cher name School and address of	
Staff comments:	Don't write below this line	
		Chorus Voice Section Rating

Make Music

Make Triends Make a Difference

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