



**The Singing Angels
Audition Application
(Please Print Clearly)**

Last Name **First Name**

Home Address **City** **Zip**

Home Phone Number Parent/Guardian Mobile Phone
Please check box for best number to contact you.

Parent/Guardian Email address *(Please note, you will be notified via this email address if your child has been accepted into The Singing Angels)*

Male/Female **High School Graduation Date**

Parent/Guardian Last Name **First Name**

I give permission for my child's photo to be posted on The Singing Angels social media accounts to promote auditions.

I understand that there is an instructional fee and cost for a uniform to belong to The Singing Angels. I also understand that The Singing Angels is a family commitment. If accepted into The Singing Angels, my child will be at all rehearsals and concerts, unless I make a call to the designated Singing Angels call off line prior to an absence for an excused absence. I further understand that the transportation to and from rehearsals and concerts is my responsibility.

Signature of Parent/Guardian

Signature of Child



**The Singing Angels
Audition Form**

Last Name _____ First Name _____ Age _____

Parent/Guardian email _____ Parent/Guardian phone _____

School _____ Grade _____ Height _____

Date of Birth _____

Can you read music? Y/N

Have you ever auditioned for Singing Angels before? Y/N

If so when? _____

What musical instruments do you play? _____

How long have you studied? _____

Have you ever studied dancing Y/N

How long have you studied? _____

Where did you hear about the audition? _____

If referred by a Teacher, please provide us with the teacher's name, school, and address so we can personally thank them

Audition solo title: _____

Don't write below this line

Staff comments:

Chorus _____

Voice Section _____

Rating _____