

2019 QUEENSLAND CHOIR AUDITION REGISTRATION FORM

Please return the completed form to the Choir at the address above.
You will be contacted to confirm a time for your audition.

PERSONAL DETAILS

Title: (Mr/Mrs/Ms/Dr etc) _____

Full Name: _____

Home Address: _____

Suburb _____

Postcode _____

E Mail Address: _____

Telephone: _____

Home: _____

Work: _____

Mobile: _____

Occupation: _____

Date of Birth (if under 26yrs): _____

eg: (dd/mm/yyyy)

Free membership applies to under 26yrs

MEMBER TYPE (please circle)

New Member

Continuing Member

Returning Member

Returning Members: please indicate your last year of membership of *The Queensland Choir* . _____

MUSICAL DETAILS (please indicate which vocal section you normally sing with)

Soprano

Alto

Tenor

Bass

Previous Choral Experience: _____

Provide details of choirs / choral groups with whom you have sung _____

Have you had any vocal training? _____

Yes

No

Do you read music? _____

Very Well

Well

Fair

A little

Not at all

Can you Sight Sing? _____

Yes

No

Unsure

Instruments played: _____

BOOKING AUDITIONS: Audition Dates and Times

Auditions are being held on the following dates. Please indicate your preference.

Tuesday 29 January 7:00 – 9:00pm Saturday 2 February 10:00am – 1:00pm Monday 4 February 7:00 - 9:00pm

Auditions are also held throughout the year by appointment. These are held on a Monday evenings during the supper break at choir rehearsal and can be arranged by calling the Choir Office on 3895 8188.

Where did you hear about the Queensland Choir?

Web Newspaper Radio Facebook Choir Member Church E Mail Other

Signed by Applicant: _____

Date: _____