



ORPHEUS SINGING GROUP

AUDITIONS FORM

Name: _____ **Age:** _____

Address: _____

City/State/Zip: _____

Phone Number: _____

E-mail Address: _____

Instrument _____

How long have you been singing?

Have you had private or group lessons?

Do you sing in a choral group or individually? Where?

Have you ever participated in any contests or auditions?

Can you read music...if so, how long have you been reading music?

Other
