



## Band Audition Form

Child's name: \_\_\_\_\_

Please list instrument(s) below:

1. \_\_\_\_\_ Years played \_\_\_\_\_ Studied privately? \_\_\_\_\_
2. \_\_\_\_\_ Years played \_\_\_\_\_ Studied privately? \_\_\_\_\_
3. \_\_\_\_\_ Years played \_\_\_\_\_ Studied privately? \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian's name:

\_\_\_\_\_

Best contact phone: \_\_\_\_\_

Email contact: \_\_\_\_\_

Medical Conditions/  
Allergies \_\_\_\_\_

This form will need to be filled out in addition to the member registration form.

By auditioning for the ReVive Chorus Band you are acknowledging that the Band may need extra rehearsal time separate from the regular weekly Chorus rehearsal and/or follow a different schedule. Initials \_\_\_\_\_

Notes for director: