

Committee Use Only

Part: _____

Score: _____

Honor Choir Application

TO BE COMPLETED BY THE STUDENT AND SUBMITTED TO THE DIRECTOR:

Complete Name: _____ School: _____ Student No: _____

Address: _____ City: _____ Zip: _____

Grade: 9 10 11 12 Home Phone: _____ Cell Phone: _____

Choral Experience: _____

How many years have you been a member of the CCSD High School Mixed Honor Choir prior to this year? (circle) 1 2 3

Teacher Verification (initials): _____

TO BE COMPLETED BY THE DIRECTOR AND SUBMITTED TO THE HONOR CHOIR AUDITION COMMITTEE:

Circle appropriate response:

	<i>Low</i>				<i>High</i>
Intonation:	1	2	3	4	5
Tone:	1	2	3	4	5
Diction:	1	2	3	4	5
Responsibility:	1	2	3	4	5
Self-Discipline:	1	2	3	4	5
Leadership:	1	2	3	4	5
Commitment:	1	2	3	4	5
Enthusiasm:	1	2	3	4	5
Confidence:	1	2	3	4	5

Voice Classification: (X - one)

1S ___ 2S ___ 1A ___ 2A ___ 1T ___ 2T ___ 1B ___ 2B ___

Vocal Range: *Please indicate on the grand staff.*

For Director: Can this student sing another voice part? Y/N? If so, please indicate: _____. Students must audition on the same voice part for All-State. Director's Initials: _____



Comments: _____

I highly recommend this applicant for his or her musicianship and maturity. I will take the responsibility of ensuring that the student is prepared well before auditioning.

Director's Signature: _____

Date: _____

Teacher of Record: _____

Cell Phone Number: _____

Administrator of Record: _____

Cell Phone Number: _____