

Bainbridge Chorale Young Singers
Meet the Director Request form (grades 2--4)
Audition form (grades 5+)
Fall 2009

All new prospective singers must complete this information and application form, and return it to:
Bainbridge Chorale Office
Attention: YS
PO Box 10572
Bainbridge Island WA 98110

The information shared here will be used only for the audition. Upon completion of the voice hearing/interview, additional registration paperwork will be required.

Name of Interested Singer _____ Grade Level September 2009 _____

Name of Contact Parent/Guardian _____

Address of Parent/Guardian _____

Phone number of Parent/Guardian _____

Relationship to the Singer _____

E-mail address for notification of audition time and place _____

Phone number in case of last minute cancellation _____

Please indicate your *time* preference for a 15-minute appointment to meet Kathleen the week of September 14, 2009. We will call you with the closest available time to your request.

Thursday, Sept.17 _____ Friday, Sept.18 _____ Saturday, Sept.19, 9
to 12 _____

Interested Singers, please tell us about yourself! (Please complete using your own words.)

I like to sing because.....

Why do you like to sing? How often do you sing a week? What other activities are you involved in? Other musical experiences? What would make singing in a choir fun for you?

Please feel free to start writing below, and use the back of this sheet if necessary. I look forward to meeting you!

Kathleen Bullivant, Director