

Downers Grove Choral Society

Voice Hearing Form

NAME (last, first): _____

DATE: ____/____/____

ADDRESS: _____
(street) (city) (zip)

PHONE: (____) _____ E-MAIL ADDRESS: _____

CELL PHONE: (____) _____

VOCAL PART (circle one): S A T B DIVISI (circle one): 1st 2nd HEIGHT: ____ft. ____in.

How many years have you sung with DGCS? _____

What musical ensembles do you currently participate in other than DGCS? _____

What choral ensembles have you been a member of? _____

What languages can you speak? _____

Describe any vocal or instrumental musical study you may have completed. _____

What is your favorite choral work? _____

What would someone be surprised to learn about you? _____

How did you hear about DGCS? (circle) Already a Member Email Website Friend Newspaper Facebook

Other _____