



Musical Heirs Audition Form

Personal Information			
Child's Name:	<input type="text"/>	Parents Name:	<input type="text"/>
Address:	<input type="text"/>		
Phone:	<input type="text"/>	Email:	<input type="text"/>
Date of Birth:	<input type="text"/>	Age:	<input type="text"/>

Domestic and International Travel (For Parents)
Parents, if Musical Heirs planned to take a tour nationally or internationally, I would:
<ul style="list-style-type: none"> a. not allow him/her to go b. desire him/her to go c. allow him/her to go with a particular chaperone d. allow him/her to go only if I went also
<i>(Please underline, bold, or color the option that best represents your answer)</i>

Additional Information
Musical experience (choirs, private lessons, etc.):
<input type="text"/>
Hobbies and favorite things to do:
<input type="text"/>

Reserved for Music Director			
Pitch:	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5	Tonal Memory:	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5
Rhythm:	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5	Tone Quality:	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5
		Part Singing Ability:	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5
Range:	<input type="text"/>		
Other Comments:	<input type="text"/>		

Note: Please complete the first two sections of this form and email to barbaravp@earthlink.net. Thank you!