2022-23 CONCERT SEASON
AUDITION FORM

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

PHONE(s): **Primary** _____ **Texts: Y** ☐ **N** ☐

Secondary _____ **Texts: Y** ☐ **N** ☐

Full-Time Resident? ☐ **Part-Time?** ☐ **Months in FL:** _____

Student? Y ☐ **N** ☐ **Age 14 or over? Y** ☐ **N** ☐

VOICE PART: **Soprano** ☐ **Alto** ☐ **Tenor** ☐ **Bass** ☐

Years of singing experience with:

Community/professional/collegiate chorus _____

The Venice Chorale _____

Preferred method of audition: **In person** ☐ **Digital** ☐

If in person, which date preferred? **Sept. 12** ☐ **Sept. 19** ☐

If digital, send to pmadpak@thevenicechorale.org no later than September 19

SIGNATURE: _____ **DATE:** _____

To return by email, save form as PDF and send to: pmadpak@thevenicechorale.org
or mail hard copy to P.O. Box 1004, Venice FL 34284