



2023-24 CONCERT SEASON Assessment 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 1 2 Alto 1 2 Tenor 1 2 Bass 1 2

Which concert series will you be participating in?

 #2 Feb 25 – Deep Blue: A Musical Voyage Across the Seas

 #3 Apr 28 – Bach to the Beatles: A Journey Through Time & Melody

Years of singing experience with:

_____ Community/Professional/Collegiate Chorus _____ The Venice Choral

Check all that interest you:

 Advanced Chamber Choir

 Performing in Outreach Events

 Solo Opportunities

 Becoming an Assistant Conductor

Other instruments or talents that you would like to share: _____

SIGNATURE: _____

DATE: _____

Assessments will be scheduled on Monday evenings at 6:30pm prior to rehearsal.

Please return a copy of this form via email to info@thevenicechorale.org.