



2024-25 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?

~~#1 Dec 16 – Classic Carols, Modern Mirth: A Holiday Extravaganza~~

#2 Feb 23 – Stars & Stripes: Celebrating Great American Songs

#3 Apr 27 – Black & Blue: A Journey Along the Danube

Years of singing experience with:

_____ Community/Professional/Collegiate Chorus _____ The Venice Chorale

Check all that interest you:

Master Singers

Performing in Outreach Events

Solo Opportunities

Becoming an Assistant Conductor

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

Assessments will be held on Monday, January 6 at 6:30pm prior to rehearsal.

SIGNATURE: _____ DATE: _____

Please return this form prior to January 6 via email to info@thevenicechorale.org