

Central Texas Choral Society

Audition Sheet

NAME _____

ADDRESS (local) _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS _____

TELEPHONE (best contact numbers) _____

NAME FOR PROGRAM (please print) _____

OCCUPATION _____

VOICE PART _____ RANGE High _____ Low _____

MUSICAL EXPERIENCE (please feel free to attach your vita or use the back of this form)

* *

(Do not write below this line)

Range

TIMBRE _____

TESSITURA _____

OTHER