VOICE OF THE CITY AUDITION FORM 2017

Please PRINT & fill out completely

Bring this form, the permission & release form and a photo to your preliminary audition

| Full Name | | Age_ | Birth date |
|-----------------------|--|--|---|
| Address_ | | | |
| Phone: Home (Evening) | | | |
| | | | |
| Local Newspaper | | School | |
| • | If you need help with a resu If need p | EXPERIENCE AND/OR TRAINII Ime: http://columbuschildrenschoic blease use the back side of this for mances, theatrical, school, chur | r.org/sample-resume/ rm |
| • | Training; (voice teacher's & name, music lessons, choirs, dance etc.) | | |
| • | Awards: | | |
| • | Special skills | | |
| • | Audition times will be assigned Please arrive 15 minutes price All judges' decisions are find Your song must be NO LONG NO accompanist will be proved You may bring a CD (without No I pods or cell phones. Bring this form and include: 1. A photo (a snapshot 2. A resume (if you have | al. GER than 2 minutes. (You will by vided. A piano will be available in the vocals). A CD player will be available in the street will be available. | olications are received. De cut off if it runs longer) If you bring an accompanis |
| | Deadline for a | udition submissions: January 2 | 20, 2017 |
| I have | e read the rules and understa | nd the restrictions: | |
| Name | 9: | Date | |
| Parer | nts name (if under 18): | | |