

The Cleveland POPS Chorus
Auditioning Singer Information Form

Today's Date: _____

How did you hear about this audition:

Name (as you would like it to appear in a program):
Audition Date and Time:
Email Address:
Mailing Address:
Primary Telephone Number:
Occupation:

Voice Part:

Soprano	2 nd Soprano	Alto	Tenor	Bass	Baritone
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Choral Experience:

Name and Place of Chorus	Years

Vocal Training

Name of Instructor	Years and frequency of sessions

Interested in a Solo role(s)? _____ Yes _____ No

If yes, please complete the following:

Solo Experience

Work performed	When? Where?

Signature

Date

Please fax completed form to 216-765-1931
or email to scierebiej@clevelandpops.com
or mail to Choral Director Cleveland POPS Orchestra
24000 Mercantile Rd., Unit #8 Beachwood, OH 44122