

PLEASE COMPLETE THIS FORM AND BRING IT TO YOUR AUDITION

DES MOINES CHORAL SOCIETY

Name \_\_\_\_\_ Today's date \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_ Fax number \_\_\_\_\_ e-mail address \_\_\_\_\_

Home street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

Work mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

Voice preference: S1 S2 A1 A2 T1 T2 B1 B2

(Final placement to be determined by the Artistic Director)

Vocal Background (List choirs, private study, number of years)

Instrumental Background (List instruments and number of years)

The Des Moines Choral Society rehearses on Sunday evenings throughout the academic year with a break over the Christmas Holidays. Scheduled performances are Saturdays: December 12, February 27, and April 24. An evening dress rehearsal will precede each concert.

If you plan to fulfill the rehearsal and performance obligations of the DMCS, please sign here:

\_\_\_\_\_

Do you know of anyone in the community that should be contacted about singing in the ensemble?

\_\_\_\_\_

Title of selection to be sung for audition: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Vol.\_\_\_\_ Qual.\_\_\_\_ Vib.\_\_\_\_  
Int.\_\_\_\_ Poise\_\_\_\_ T.M.\_\_\_\_ S.R.\_\_\_\_