



# Pocono Choral Society

P.O. Box 5, Stroudsburg, PA 18360

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## *Audition Form*

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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VOCAL PART (Circle One):    Soprano    Alto    Tenor    Bass

VOICE TRAINING: \_\_\_\_\_

INSTRUMENT TRAINING: \_\_\_\_\_

SINGING EXPERIENCE: \_\_\_\_\_

SOLO EXPERIENCE: \_\_\_\_\_

Do Not Write Below This Line

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COMMENTS:

SECTION ASSIGNED: