



## Audition Information

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Girl \_\_\_\_\_ Boy \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Choir Auditioning for: Rainier Junior Choir Rainier Concert Choir Rainier Ensemble

For Concert Choir and Ensemble: What is the preferred voice part?

S1 S2 A1 A2 T1 T2 B1 B2

Parent/Guardian Names: \_\_\_\_\_  
(mother – please print)

\_\_\_\_\_  
(father – please print)

How did you find out about the chorus and auditions? \_\_\_\_\_

Does your child have any previous singing experience? \_\_\_\_\_ Please describe:

\_\_\_\_\_

What instrument(s) does your child play, if any? \_\_\_\_\_

How long? \_\_\_\_\_

**Call 253-735-0499 for an audition appointment or email  
shannon@rainierchorale.org.**

**Please note that these are NOT drop in auditions.  
More information at <http://rainieryouthchoirs.org>**

If possible, at least one week prior to your audition date please return this completed form and a non-refundable \$10 audition fee to:

Rainier Youth Choirs, PO Box 5336, Kent WA 98064-5336