



Gainesville Youth Chorus Audition Form

Name _____ T Shirt Size _____

School Attending _____ Grade _____

Address _____ Age _____

Parent _____ Birth date _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Past Member of GYC ? Yes ___ No ___ Requested Appointment Time: _____

Audition Selection _____

How did you hear about us?

Items Below to be filled in by GYC Artistic Director and Staff

Presentation _____

Intonation _____

Melody _____ Rhythm _____ Tone Quality _____

Staff Comments:

