

AUDITION APPLICATION

Please return by email to avictoria@bostonchildrenschorus.org,
fax to 617-778-2248, or mail to: Boston Children's Chorus Auditions
112 Shawmut Avenue, Suite 5B, Boston, MA 02118
Incomplete applications will not be accepted.

Student First Name _____ Last Name _____ Please write clearly if handwritten.

Home Address _____ City _____ State _____ Zip _____

Student email _____ Home Phone _____ Student Cell Phone _____

Birthday (Month/Day/Year) _____ Age as of 12/31/2012 _____ Grade in 2012-13 _____ Gender _____ F=Female M= Male T=Transgender

Ethnic Data: (State and local grants require BCC to report ethnic data.) Please indicate how you most closely identify yourself in terms of race and ethnicity as a primary and secondary.

1. Primary _____ (Choose one): A=Multi-Racial B=Asian/Pacific Islander C=Black/African American D=Hispanic/Latino E=White/Caucasian F=Other G=Am. Indian/Native Am.

2. Secondary _____ (Choose as many that apply and separate with a comma (,): G=Cape Verdean H=Indian I=Vietnamese J=Cambodian K=Caribbean/W. Indian L= Middle Eastern
N=Haitian E=White/Caucasian C=Black/African American D=Hispanic/Latino B=Asian/Pacific Islander F=Other(s)

School in 2012-13 _____

School Address _____ City _____ State _____ Zip _____

Music Teacher Name (if applicable) _____

Parent(s) or Guardian(s) _____

Address (if different from student) _____ City _____ State _____ Zip _____

Parent Email _____ (primary email for BCC communication) Daytime Phone No. _____ Cell Phone No. _____

What are your preferred audition dates and times? We will try to honor your request.

Preferred time: _____ Friday, May 11(2:30 to 7:00pm) or _____ Saturday, May 12 (10:00am to 5:00pm)

Do you participate in the following? Please check all that apply. _____ private instrument lessons (Please specify _____)
_____ choir at school _____ choir at church or synagogue _____ band or orchestra

How did you hear about BCC?

_____ Current BCC Member/Parent _____ Online: Website/Facebook/Twitter _____ School teacher _____ Former BCC Member/Parent
_____ BCC reputation _____ Advertisement _____ Radio _____ Other (_____)

Please rate, in order of preference, which rehearsal days would work best with your child's schedule (1 = Best/ 5 = Least Preferable):

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Saturday (If accepted we will do our best to honor your request, but can not guarantee your first choice.)