



SAN DIEGO MASTER CHORALE

Personal Information

Date:

Name:

Mailing Address:

City:

State:

Zip:

Primary email:

Secondary email:

Primary phone:

Secondary phone:

Choral/Vocal Experience

Foreign language singing experience:

| | Little | Occasional | Extensive |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> German | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Italian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> French | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Russian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Voice Classification (check one)

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Soprano | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd |
| <input type="checkbox"/> Alto | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd |
| <input type="checkbox"/> Tenor | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd |
| <input type="checkbox"/> Bass | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd |

Choral/Vocal Experience:

- | | |
|---|---|
| <input type="checkbox"/> High school choir | <input type="checkbox"/> Church choir |
| <input type="checkbox"/> College Choir | <input type="checkbox"/> Community choir |
| <input type="checkbox"/> Music Major | <input type="checkbox"/> Solo performer |
| <input type="checkbox"/> Music educator | <input type="checkbox"/> Director/Conductor |
| <input type="checkbox"/> Other (please specify) | |

Do you have regular access to a keyboard? Yes No

If not, what other score prep aid is available to you? _____

Piano Skills

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| None | Beginning | Intermediate | Proficient |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

List instruments you play well: _____

Any other information that may be of interest to the SDMC:

For Evaluation Use

TM _____ TQ _____ SR _____ RC: Y _____ N _____