

ISU HONOR CHOIR AUDITION REGISTRATION FORM

Please list the names of your students (grades 10-12 only) who will be auditioning for the ISU Honor Choir. Please provide all necessary information for all students. Upon receipt of this list, your students will be assigned audition times, and a master audition schedule will be mailed to you. Please feel free to duplicate this sheet if you need more space. Addresses are needed.

Please return this form by Monday, October 9, 2017 (Please type or print clearly)

Choir Director's Name	School Name	School Address	Director's Home Phone	Director's e-mail	Audition Site
Student's Name	Home Address	Home Phone	Grade	Voice Part	Preferred Time

Please enclose check payable to ISU Department of Music for \$10.00 per student: \$ _____ Total