



**LEXINGTON
SINGERS
CHILDREN'S
CHOIR**

**The Lexington Singers Children's Choir
Application for Student Audition**

Date: _____

Student Information

(Please print)

Student First Name: _____ Last Name: _____

Birthdate: _____ Age at time of application: _____

Where will you attend school this fall/spring? _____

Grade level Fall of year of application: _____

Are you in: Band	Yes ___ No ___	If yes, instrument: _____
Orchestra	Yes ___ No ___	If yes, instrument: _____
School Choir	Yes ___ No ___	
Church Choir	Yes ___ No ___	
Private Music Lessons	Yes ___ No ___	With whom? _____
		Instrument: _____
Children's Music Class	Yes ___ No ___	

Parent/Guardian Information

Mom First Name: _____ Mom Last Name: _____

Dad First Name: _____ Dad Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: Home: _____

Mom Work: _____ Cell: _____ E-mail: _____

Dad Work: _____ Cell: _____ E-mail: _____

Signature Parent/Guardian: _____ Date: _____

Please print out this form and bring it -- already completed -- to auditions. Thank you.