



Audition Form

Audition Date: _____

Boy's Name: _____ Age: _____ Date of Birth: ___ / ___ / ___

Address: _____

City, State, Zip: _____ Phone Number: _____

Ethnicity:

(This information is requested for purposes of grant writing.)

- African-American Caucasian Native American
 Asian/Pacific Islander Hispanic Other _____

Parent/Guardian Information:

Mother/Guardian: _____ Father/Guardian: _____

Place of work: _____ Place of work: _____

Cell phone: _____ Cell phone: _____

Work phone: _____ Work phone: _____

Email: _____ Email: _____

Boy lives with (check as many as apply): Mother Father Guardian Other _____

Boy's School for 2016-17 school year _____ Grade: _____

How did you learn about the Pittsburgh Boy Choir?

- School Music Teacher Newspaper Article Flyer/Poster
 Church/Synagogue Music Director Television Internet
 PBC Board Member Radio Word of Mouth
 PBC Parent Other: _____

OFFICIAL USE ONLY: Accepted: Y N Choir: _____

Comments:

Initials: _____