
Kishwaukee Children's Chorus Audition Application Form

Applicant

Child's First Name: _____ Child's Last Name: _____

Address: _____ City: _____ State: _____

Age: _____ Date of Birth: _____ Grade as of Sept. 2009 _____

Musical Background

Choir: _____

Instrument(s): _____

How did you hear about Kishwaukee Children's Chorus? _____

Thank you! All auditions by appointment only. To schedule an audition please call (815) 895-0512 or email info@kishchildrenschorus.org.

Please bring this form with you to your child's audition.