



Middle School All-State Choir Audition Application Form

ALABAMA VOCAL ASSOCIATION

PLEASE TYPE OR PRINT

School _____ Phone () _____ District _____

School Address _____ City _____ Zip _____

Fax () _____ Email Address _____

Director _____ Email Address _____

Home Address _____ City _____ Zip _____

Cell Phone () _____ Home Phone () _____

Requested time and date for auditions _____

#Mixed Choir _____ #Treble Choir _____

TOTAL STUDENTS AUDITIONING: _____ @ \$5.00 \$ _____

SCHOOL FEE _____ \$40.00

LATE FEE \$50.00 \$ _____

TOTAL FEES \$ _____

Purchase orders will be accepted with registration. A school check for the original number of applicants must be received at the registration desk on the day of auditions. Students will not be allowed to audition until fees are paid.

Deadline for registration form is 4 weeks prior to the first District audition. Directors must attend auditions with their students.

I hereby certify that the students registered are currently enrolled in the choral music program of this school and are in good standing with the music department.

Date _____ Choral Director's Signature _____

Principal's Signature _____

Directors: Mail this form WITH FEES and a copy of MENC card, 4 weeks prior to the first District audition to District Chairman. Include All-State Applicant Lists (F-2a,b)