



ALL-STATE SHOW CHOIR APPLICANTS

School Name _____

STUDENT NAME	GRADE	HEIGHT	T-SHIRT SIZE	VOICE PART	SPECIAL NEEDS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

****Please indicate students with special needs...be specific.**

Directors: Please attach this form to form F-6 when applying for auditions.