



Honor Choir Screening Application

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 () _____

Quartet 1

STUDENT NAME	VOICE PART
1.	
2.	
3.	
4.	

Quartet 2

STUDENT NAME	VOICE PART
1.	
2.	
3.	
4.	

Indicate school name and voice part if quartet is completed with another school.

Deadline is 4 weeks prior to screening. Directors must attend screening with students. For additional information see Alabama Honor Choir Procedure Page (P-7).

Director: Mail this form WITHOUT FEES to DISTRICT CHAIRMAN.

Date _____ Choral Director's Signature _____