



SMOC SOCIAL UNIT STUDENT INFO FORM for AUDITIONS

Please print and complete BOTH PAGES. Fax completed forms to 773-423-0281; you will receive an email confirmation. Please bring form to your audition along with a \$5.00 membership fee. For additional question please email info@singlemothersofculture. Your time, date and audition location will be sent via EMAIL to addresses listed below - please make sure that email addresses are printed clearly & correctly. Thank you!

How did you hear about the SMOC SOCIAL UNIT auditions?

Student's Info

Name _____ Gender: M / F

Mailing Address _____

City _____ State _____ ZIP _____

Home phone _____ Cell phone _____ Email _____

Voice type: S A T B (circle one) Private voice teacher: _____

School for 2009-10 _____ Grade in 2009-10 _____

Birth date: _____ Height: feet ___ inches T-shirt size: XL / L / M / S

Parent's Info

Name _____

Mailing Address _____

City State _____ ZIP _____

Home Phone () _____ Work / Cell Phone () _____

Email (for SMOC messages) _____

Please list the repertoire you have worked on in the last year

Please list the groups in which you have sung

Please list any summer music camps you have attended.

What instruments do you play? _____

Please bring this completed form to your audition.

No student will be sent a **SMOC Choral Program** acceptance letter for 2009-10 without providing **SMOC** with a completed copy of this form.

Name Current School (2008-09) _____

I currently participate in my school's choral music program.

Name of school choral teacher _____

Signature of school choral teacher _____

My school does not offer a choral music program.

Name of parent/guardian _____

Signature of parent/guardian _____

I am home-schooled.

Name of parent/guardian _____

Signature of parent/guardian _____

**Please write your confirmation number on form
and bring to your audition _____**