



Singer Information Sheet

Name: _____ Phone #: _____

Mailing Address: _____

Preferred Email: _____

Height: _____

Years in LCCS: _____

Concert standing needs: (Circle) must sit must sit intermittently no restrictions

Preferred Voice Part: (Please circle all parts that you would be comfortable singing)

S1 S2 A1 A2 T1 T2 B1 B2

Indicate the out limits of your range:

Indicate your most comfortable range:



Briefly Summarize your Choral Music Experience: _____

List the instruments you play: (Circle those you can play at a professional level) _____

List some of your favorite pieces of Choral music: _____

How did you hear about us? _____

You may email this sheet and/or contact us at AdultchorusLCCS@gmail.com or bring it with you to rehearsal.