



UH Choral Ensembles Audition Form

Please provide the information in this box *only*. WRITE NEATLY.

Official Name _____

Nickname _____

UH Email _____@hawaii.edu

Phone _____

UH ID # _____

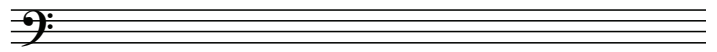
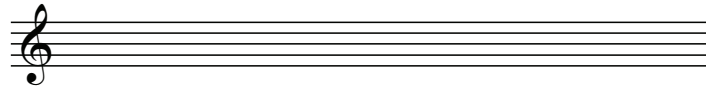
Birthday _____ (mm/dd/yy)

College/Dept _____

Degree _____

Intended Year of Grad: _____

Pertinent musical background:



S1 S2 A1 A2 T1 T2 B1 B2

Intonation/Rhythm

1 ... 2 ... 3 ... 4 ... 5

Reading

1 ... 2 ... 3 ... 4 ... 5

Tone/Color

1 ... 2 ... 3 ... 4 ... 5

Musicality

1 ... 2 ... 3 ... 4 ... 5

Comments:

Date _____

