



**LEXINGTON  
SINGERS  
CHILDREN'S  
CHOIR**

**The Lexington Singers Children's Choir  
Application for Student Audition**

**Date:** \_\_\_\_\_

**Student Information**

**(Please print)**

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age at time of application: \_\_\_\_\_

Where will you attend school this fall/spring? \_\_\_\_\_

Grade level Fall of year of application: \_\_\_\_\_

Are you in: Band	Yes _____ No _____	If yes, instrument: _____
Orchestra	Yes _____ No _____	If yes, instrument: _____
School Choir	Yes _____ No _____	
Church Choir	Yes _____ No _____	
Private Music Lessons	Yes _____ No _____	With whom? _____
		Instrument: _____
Children's Music Class	Yes _____ No _____	

**Parent/Guardian Information**

Mom First Name: \_\_\_\_\_ Mom Last Name: \_\_\_\_\_

Dad First Name: \_\_\_\_\_ Dad Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Mom Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dad Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print out this form and bring it -- already completed -- to auditions. Thank you.**