



PMEA District 1 SHS Chorus Festival Auditions DIRECTOR'S FORM

to be completed and brought to the PMEA District 1 SHS Chorus Auditions

Director's Name (please print) _____

Director's Signature _____ Today's Date _____

Please bring NAfME/PMEA card! *Students cannot audition without the attendance of their school director who is a current PMEA member.*

School Building _____ School District _____

School Street Address _____

School City/State _____ Zip Code _____ County _____

School Phone _____ Extension _____ School Fax _____

School E-Mail _____

Home Street _____

Home City/State _____ Zip Code _____

Home Phone _____ Home E-Mail _____

Cell Phone _____ PDE Professional ID # _____

What vocal part would you prefer to audition? First choice _____ Second Choice _____

Please rank students (1 = highest) in the order that you recommend they be considered by the selection committee for festival participation.

Name	Voice Part (I/II)	# Ranking
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please continue your list on the reverse side)

(Continued from reverse side)

Name	Voice Part (I/II)	# Ranking