

PHILADELPHIA BOYS CHOIR & CHORALE

Audition Form

Bring this to the audition

I, (parent/guardian's name) _____, grant permission
for my child, (child's name) _____,
to audition for the Philadelphia Boys Choir & Chorale.

SIGNATURE: _____

Preferred Phone: _____

Email (required): _____

Street Address: _____

City: _____ State: _____ Zip: _____

School Name: _____

School District: _____

PHILADELPHIA BOYS CHOIR & CHORALE • PHILADELPHIA GIRLS CHOIR • PHILADELPHIA VOCAL CONSERVATORY

1336 SPRING GARDEN STREET, PHILADELPHIA, PA 19123
215.222.3500 • info@phillyboyschoir.org • www.phillyboyschoir.org