

Gwen Witten Upchurch, Director (812) 330-7714

## Sounds of South AUDITION FORM 2017

P	lease	<b>Print</b>	

Applicant Information					
Name:					
Address:					
City:		Zip:			
Email:	Cell Phone:			Home Phone:	
Birthday:		High School Graduation Year:			
T-Shirt Size:		Sweatshirt Size:			
Mother/Guardian Informat	ion				
Name:			Email:		
Cell Phone:			Home Phone:		
Father/Guardian Informati	on				
Name:			Email:		
Cell Phone:			Home Phone:		
If either of your parents have a different home address, please provide it below and indicate mother or father:					
Experience					
Do you play any instruments? Yes No If yes, which instruments?					
Do you take voice lessons? Yes No If yes, for how long? Instructor:					
Do you have dance experience? Yes No					
(Continued on back/next page)					

Please respond to the following questions.
What extra-curricular activities to you participate in?
Define leadership.
What do you intend to give to S.O.S?
What sacrifices will you make for S.O.S?
Why do you want to be a part of S.O.S?
Are you able to attend S.O.S. camp on July 10-14, 2017? Yes No
The you able to attend 5.0.5. camp on july 10-17, 2017 : 165 NU
I understand that if I am invited to join Sounds of South I must be at all rehearsals, participate actively in all
fundraising, and work my hardest every day.
Student Signature.
Student Signature: