

2019-2020 SC All-State Chorus Auditions Cover Sheet

Please print clearly or type

School Name _____

School Address _____

City _____, SC Zip Code _____

School Phone _____ E-mail _____

Director's Name _____

NAfME# _____ Expiration Date _____

Cell Phone (for contact day of auditions) _____

Travel Time to Columbia _____

You may list 3 audition time choices. Please choose from the following ***and*** indicate AM or PM:

Monday – November 4 Tuesday – November 5

Wednesday – November 6 Thursday – November 7

*****Auditions are scheduled on a first come, first served basis. If you need a specific date or time, send your audition information in early!*****

1st Choice _____

2nd Choice _____

3rd Choice _____

If you are sharing voice parts with another school, please make sure that you have contacted that school and worked out an agreement. This is YOUR responsibility not that of the audition chair. Please list that school's name below:

I am auditioning/traveling with _____ High School.

Total number in each voice part:

Soprano I _____

Soprano II _____

Alto _____

Tenor _____

Bass _____

Total _____ X \$15.00 = _____

For Office Use Only

Postmark _____

NAfME _____

Prin _____

Stu _____

Pd _____

Mail to:

Lizzi Elliott

Andrew Jackson High

6925 Kershaw Camden Hwy

Kershaw, SC 29067

Please Mail all Materials:

Do you have everything? Here is your checklist.

___ This Cover sheet

___ One check made payable to SCMEA Choral Division (or receipt if payment made online)

___ Principal Authorization Form

___ Audition Registration Information-printed hard copy from online registration

___ Photocopy of your *valid* NAfME card (1-(703) 860-4000 member services, www.nafme.org)

___ Student-Parent-Teacher Contract for EACH student (if not included, the student will not be allowed to audition)

DOUBLE CHECK YOUR
PACKET! INCOMPLETE
PACKETS **WILL** BE
RETURNED!