

Amherst County High School Choral Department

2024-2025

Choral Audition Form

(Please complete this form and bring it with you to your audition.)

Name: _____ Current Grade: _____

Mailing Address: _____

AUDITION NUMBER

City: _____ Zip Code: _____

Email Address: _____

Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____



If you are in a current choral ensemble, please circle below:

AMS Choir MMS Choir ACHS Choir Belles of Amherst Amherechos

List any clubs/organizations/sports and their respective season that you plan to participate in next year. (This can affect rehearsals and competition dates!)

List one teacher as a reference: _____

Do you have any medical conditions and/or limitations which would limit your participation in show choir? _____

Summer Camp will be held in August. Dates: TBD. This is a mandatory camp. Will you be able to attend? Yes No

The show choirs will begin rehearsing every Monday after school. Will you be able to attend and have rides to pick you up? Yes No

Flip me over! There is more on the back.

Please state why you want to be in an ACHS Show Choir?

Finally, please REWRITE the following statement and sign the application.

I understand that the show choirs will be a select group and I must attend all practices and performances. Furthermore, if I miss more than two practices and/or performances, I may be dismissed from participating in further performances and trips associated with the show choir. Show choir is a commitment that should be taken seriously.

Student signature: _____ Date: _____

