SAN LUIS OBISPO
MASTER CHORALE
THOMAS DAVIES, *conductor*

Audition Registration Form - 2026-2027 Season

Full name, *as you would like to see it printed in the Concert Program:*

_____

Name you like to go by: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Preferred phone # ( ) _____ Alt # ( ) _____

Voice part: S A T B (circle one)

Birthday _____ (year not needed)

Occupation: _____

Choral experience: _____

_____

_____

Instruments you play: _____

How did you hear about the SLO Master Chorale? _____

Please take this completed form with you to your audition.