

Choir Information Sheet:

Name: _____

Address: _____

Phone: _____

Birthday: ___/___/___ Grade: _____

Have you ever been in Choir before? Yes No

If yes, what voice part do you sing? Soprano Alto Tenor Bass

Can you read music? Yes No

If yes, how would you rate your skills: Below Average Average Above Average

Can you play an instrument? Yes No

If yes, what? And how many years? _____ Years: _____

Would you be willing to play for church? Yes No

What days are best for you? (put a number in each box 1-5...1-being the best and 5-being the worst)

Monday Tuesday Wednesday Thursday

What times are best for you?

5:30-7:30 6:30-8:30 7:00-9:00 6:00-8:00 7:30-9:30

List Your Top 10 Favorite Church Songs:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Please use the back to make any comments, suggestions, ideas, etc.