



STANGELAND FAMILY
YOUTH CHORAL ACADEMY

AUDITION INFORMATION FORM

Complete on your computer, print, and
submit with audition material

Date _____

Name _____ Birthdate _____
last first middle

Home address _____ City _____ State _____ Zip _____

Home phone () _____ Cell phone () _____

Your e-mail _____

Parents/Guardian name(s) _____

Parents/Guardian address (if different than above) _____

City _____ State _____ Zip _____

Parent/Guardian home phone _____ Parent cell phone _____

Parent email _____

School you attend _____ City _____

Grade in school/ Year you will graduate (check one) 9th/2015 10th/2014 11th/2013 12th/2012

School music teacher's name(s) _____

Private voice teacher's name _____

Voice part you prefer to sing (check one) SI SII AI AII TI TII BI BII

Other instruments you play _____

Title of prepared audition selection: _____

How did you hear about the SFYCA? Friend Teacher Mailing Website Facebook

Other: _____

NOTE TO STUDENT: A letter of recommendation from your music teacher must accompany this information/application form or must be sent to the Oregon Bach Festival/SFYCA Office. If you are auditioning by recording, please include this form with your CD and letter of recommendation.

Audition Committee
Oregon Bach Festival/SFYCA
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Eugene, OR 97403-1257
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