



Diocesan Choir Member Application

Contact Information

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|-----------------------|--|
| Name | |
| Street Address | |
| City, State, Zip Code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |

Voice Part

- Soprano I
 Soprano II
 Alto I
 Alto II
 Tenor I
 Tenor II
 Bass I
 Bass II

Home Parish

Virtus Training Date and Place

Previous Choral Experience

Tell us about any previous choral singing experiences you have had

Professional Vocal Training (Vocal Workshops and/or Voice Lessons)

Thank you for your interest in joining the Diocesan Choir of Rockville Centre. Please mail your completed Application Form to the: Office of Worship, 50 N. Park Avenue, P.O. Box 9023, Rockville Centre, NY, 11571-9023. You will be contacted to schedule an audition appointment.