

Salt Creek Ensemble Audition Permission Form (3rd-6th only)

Student Name _____ Grade _____ Room _____

Teacher signature _____

Parent signature _____

Title of Song _____ By _____

PLEASE RETURN THIS FORM TO OFFICE BY TUESDAY 15TH.

***Audition date: Monday, August 21ST after school.**

***Your audition time slot will be notified.**

*Please prepare a song of your choice with appropriate lyrics no longer than 3 minutes. Bring a printout of lyrics and necessary device for your music (you can sing with or without music) on the day of your audition.

* A list of performers who qualify for the Ensemble will be posted on Tuesday, August 22ND by office.

*Your teacher must approve and sign the audition form. Misbehavior is not tolerated in Salt Creek Ensemble afterschool program.

*If you are unable to make your scheduled audition time or are no longer participating in the Ensemble audition, please contact Mrs. Lincoln (Sarah.Lincoln@cvesd.org) or Mrs. Ross (Robin.Ross@cvesd.org)

*Space is limited. So come prepared!

***Complete the form and return to the office.**

