EASTERN SHORE CHORAL DIRECTORS ASSOCIATION
ALL-SHORE CHORAL AUDITION NOMINATION FORM

_____

Name of School Phone Number

Please circle

JUNIOR CHORUS SENIOR CHORUS

Last Name First Name	School Grade	Voicing (S. A. T. B.)

____ YES I would like to purchase a copy of the All-Shore music _____

Teacher initial

Due 30 days prior to auditions