



GOSPEL CHOIR

Name:

Campus Address: Residence Hall *[circle one]* ANGELA BRESCIA MAURA URSULA

Room #

Box #

Home Address:

Street

City

State

Zip Code

E-Mail Address (provide two if possible):

CNR Extension: _____ **Home Phone:** () _____

Cell Phone: () _____

Major: _____

Year of Study *[circle one]* 1 2 3 4

Birthday: _____

Please answer the following questions:

1. List your previous involvement with a choir, to include what voice section you have sung and any realted solo experience.

2. Briefly explain why you are interested in being a member of the gospel choir:

Please describe three strengths that you could bring to the Gospel Choir:

1. _____

2. _____

3. _____

Requirements of all Choir Members

- Attend rehearsals
- Be responsible in checking and/or responding to emails from the Gospel Choir director, Assistant Director, Director of Campus Ministry and persons on the Executive Committee.
- Adhere to all guidelines per the Gospel Choir SGA By-Laws
- Remain committed to the performance schedule