



VANCOUVER ORATORIO SOCIETY
CHAMBER SINGERS
Application Form

Mr / Ms: _____
First Name Last Name

Age range: [] 16-19 [] 20-24 [] 25-29 [] above 30

Address: _____
City Postal Code

Phone: _____ Email: _____

Church affiliation: _____ Referred by: _____
Name of Church

Are you a Christian? [] Yes [] No Are you baptized? [] Yes [] No

Level of sight reading music: [] None [] Basic [] Intermediate [] Advanced

Vocal range: [] Soprano [] Alto [] Tenor [] Bass

Vocal training (if any): _____ Years Musical instrument(s) played: _____

Choral experience: _____
Name of Church / Choir / School / Community Period

Signature Date Signed (mm/dd/yyyy)

On completion of this application, please email to:
voschorus@gmail.com

Or mail to:
Vancouver Oratorio Society
PO Box 43112, Richmond Centre
Richmond, BC V6Y 3Y3

Inquiry: 604-200-0867

Accepted applicants will be contacted for audition

For VOS use only

Vocal range: _____

Remarks: _____

Auditioned by: _____

Date of audition: _____