

# RiverChor Singer Information

Please answer the following questions:

FULL NAME: \_\_\_\_\_

WHAT SHOULD I CALL YOU? \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GENDER: (circle one) M / F / Other? (please explain):

MOST USED PHONE: \_\_\_\_\_

Is this a cell phone number? (circle one) Yes / No

Do you receive text messages? (circle one) Yes / No

EMAIL MOST CHECKED: \_\_\_\_\_

PRIMARY VOICE CLASSIFICATION: (circle one if you know)

SOPRANO    MEZZO/ALTO    TENOR    BASS

SECONDARY VOICE CLASSIFICATION (circle a second voice part if you can sing more than one easily)

SOPRANO    MEZZO/ALTO    TENOR    BASS

SINGING EXPERIENCE: Please describe your previous singing experience.

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**VOCAL HEALTH:** Please answer the following questions

Have you seen a doctor for any voice related issue?                      Yes    No

Do you lose your voice often?    Yes    No

Do you participate in an activity where yelling is involved?              Yes    No

Have you ever smoked?    Yes    No

(no judgement, it will help me be aware of your vocal health)

Do you experience acid reflux?    Yes    No

Does someone in your home smoke?    Yes    No