

Audition Evaluation Form

*Please fill the top portion of this form entirely.
It will help us communicate with you following your audition. Thank you!*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Phone 2: (_____) _____ - _____

Email: _____

Birthdate (with year): ____/____/____ Anniversary (if married): ____/____/____

Campus you generally attend: _____

Campus options: South BR Baker Livingston Parish Houma New Orleans

Are you part of a B-Group? _____ (Yes or No)

If yes, who is your B-Group leader? _____ (Their Name)

How did you hear about auditions? _____

Sample Options: *Friend - Worship Team member - Weekend Worship Guide - Next Steps/A-Team - Bethany Website - Bethany Weekly Newsletter - Weekend Service - Other *If you say other - please use the line above to tell us how you heard. We want to know the best ways to communicate upcoming Worship team events to our community!*

How long have you been singing/playing music? _____

List any other previous musical involvement: _____

Stop! You've finished the form. Please bring with you into your audition. Thanks!

**Special Note: This form will be completed by the WORSHIP LEADERSHIP TEAM.
Please fill out the form completely and write legibly! :)**

Vocalist

Please circle one option from each category below.

If given a scale between 1-10 score with 1-as very poor, 5-as average, and 10-as exceptional.

Vocal part:	Alto	Soprano				Tenor				Bass			
Tone (Pitch/Diction)		1	2	3	4	5	6	7	8	9	10		
Harmony		1	2	3	4	5	6	7	8	9	10		
Projection/Stage Presence		1	2	3	4	5	6	7	8	9	10		

Did they come prepared with song selection suggested by staff? Yes No

If not, what song did they sing? _____

Other Notes:

Worship Staff/Leader Name: _____

Placement Recommendation: _____

Audition Evaluation Form

*Please fill the top portion of this form entirely.
It will help us communicate with you following your audition. Thank you!*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Phone 2: (_____) _____ - _____

Email: _____

Birthdate (with year): ____/____/____ Anniversary (if married): ____/____/____

Campus you generally attend: _____

Campus options: South BR Baker Livingston Parish Houma New Orleans

Are you part of a B-Group? _____ (Yes or No)

If yes, who is your B-Group leader? _____ (Their Name)

How did you hear about auditions? _____

Sample Options: *Friend - Worship Team member - Weekend Worship Guide - Next Steps/A-Team - Bethany Website - Bethany Weekly Newsletter - Weekend Service - Other *If you say other - please use the line above to tell us how you heard. We want to know the best ways to communicate upcoming Worship team events to our community!*

How long have you been singing/playing music? _____

List any other previous musical involvement: _____

Stop! You've finished the form. Please bring with you into your audition. Thanks!

Special Note: This form will be completed by the WORSHIP LEADERSHIP TEAM.

Please fill out the form completely and write legibly! :)

Musicians

Please circle one option from each category below.

If given a scale between 1-10 score with 1-as very poor, 5-as average, and 10-as exceptional.

<i>Instrument:</i>	Keys	Bass Guitar	Electric Guitar	Acoustic Guitar	Drums
Tone		1 2 3 4 5 6 7 8 9 10			
Rhythm/Timing		1 2 3 4 5 6 7 8 9 10			
Stage Presence		1 2 3 4 5 6 7 8 9 10			

Did they come prepared with song selection suggested by staff? Yes No

If not, what song did they play? _____

Other Notes:

Worship Staff/Leader Name: _____

Placement Recommendation: _____