



Festival Chairperson
Joseph Stillitano
 Westborough High School
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Audition Recommendation Form

Choral Director Name: _____

School District: _____

School Address: _____

Director's Email Address: _____

Director's School Phone: _____ Are you a member of ACDA? *Yes No*

Number of students in your 9-12 program: _____ If yes, include your membership #: _____

You may recommend up to 10% of your total choral students.

If you have 90 total students singing in your choral program, you may recommend a total of 9 students.

Rank the female and male students separately in order (#1-9)

<u>Rank</u>	<u>Female Students (please print)</u>	<u>Part (circle one)</u>	<u>Male Students (please print)</u>	<u>Part (circle one)</u>
1.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
2.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
3.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
4.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
5.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
6.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
7.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
8.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
9.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
10.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
11.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
12.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
13.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
14.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
15.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2
16.	_____	S1 S2 A1 A2	_____	T1 T2 B1 B2