



## Chorister Questionnaire

Parents, please assist your child in completing this form.  
**It must be returned to your conductor/  
music teacher by 3 January 2025.**

Information collected on this form will be used solely for the Alberta Children's Choir selection process.

\_\_\_\_\_  
Chorister Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Parent/Guardian Name(s)

\_\_\_\_\_  
Parent/Guardian Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Recommending Choir

\_\_\_\_\_  
Music Teacher/Conductor Name

*Please answer each of the following questions as fully as possible.*

**What other choirs have you sung in?**

**For how many years have you sung in choir?**

**Do you play any musical instruments, or do you take voice lessons? Which instruments, and for how long?**

**What is your favorite part about singing in choir?**

**What is the name of one of your favorite choir songs?**

Please contact the Choir Alberta office (780-488-7464 or [programs@choiralberta.ca](mailto:programs@choiralberta.ca)) with any questions you may have regarding the Alberta Children's Choir program.