



Children's Chorus of Greater Dallas
Women's Youth Chorus Only



Dear Women's Youth Chorus Singer,

Please fill out this questionnaire, attach a current picture to the upper right side and return with other forms by August 1, 2021.

We want to know more about you!

1. What is your name? _____

What name are you called? _____

2. What is your email address? _____

3. What school do you attend? _____

What grade are you in? _____

4. In which state and/or country were you born? _____

5. Have you ever lived in another country? _____ If yes, which one(s)? _____

6. Are you fluent in a language other than English? _____ Which one(s)? _____

7. What is your favorite book? _____

8. Do you like to travel? _____ If yes, where have you been? _____

9. Are you in the choir at your school? _____ If yes, please tell us which one(s), and the name(s) of your director(s). _____

10. Are you in a choir at your place of worship? _____ If yes, please tell us the name of the choir, the place of worship, and the director. _____

11. Were you ever a member of CCGD before this year? _____

(over)

12. What is your favorite subject in school? _____

13. Do you play a musical instrument? _____ If yes, name the instrument(s) _____
and the name of your favorite piece. _____

14. How many brothers do you have? _____ How many sisters? _____
Are you the youngest, oldest, or in the middle? _____

15. Do you have pets? If so, tell us about them. _____

16. Why do you want to sing in the Women's Youth Chorus? _____

17. Have you started thinking about college and/or a career? _____ If yes, which college/career?

Why? _____

18. What is your favorite TV show? _____
What is your favorite movie? _____

19. Do you play a sport? _____ If yes, which one(s)? _____

20. Do you take dance lessons? _____ If yes, what kind? _____

21. What other activities are you involved in at school, and outside of school? _____

22. Please share with us anything else you would like for us to know about you.

