



Please copy this form to your desktop, fill it out, and then send it to [kerriderosier@gmail.com](mailto:kerriderosier@gmail.com).

Thank you!

## Key of She Application

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### CONTACT INFORMATION

Name

Email address

Street address

Street address line 2

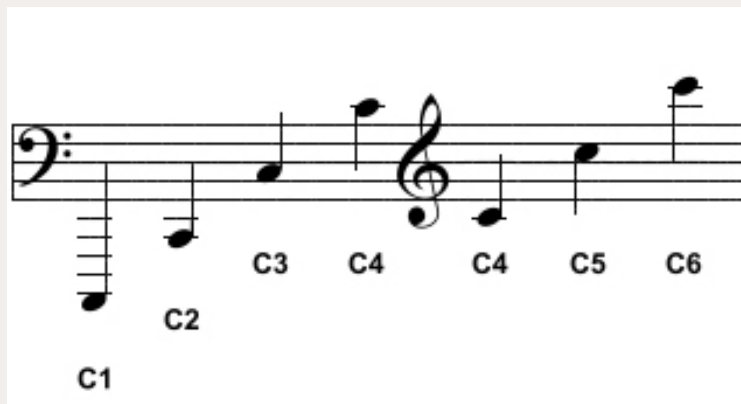
City

Zip code

Phone number

Phone type

Voice  
Classification



Lowest note in your range:

Highest note in your range:

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**Musicianship** (1 = beginning; 5 = expert)

	1	2	3	4	5
Sight reading					
Ability to learn music quickly					
Confidence in singing part alone					
Experience with a variety of music genres					

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**Choral Experience:** Please describe your recent choral experience and musical background, including choirs you are currently singing with, past choirs, and other relevant information.

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Please tell us how you learned about Key of SHE:

Save and email this form to: [kerriderosier@gmail.com](mailto:kerriderosier@gmail.com).  
Questions? Call Kerri at (619) 857-5115.