



APPLICATION FOR 2009/2010 COACHING PROGRAM

NAME OF CHORUS: _____

LOCATION: _____

LOCATION ADDRESS: _____

DIRECTOR: _____

Phone: _____ email: _____

PRESIDENT: _____

Phone: _____ email: _____

AREAS OF COACHING FOCUS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Vocal Production | <input type="checkbox"/> Improving vocal skills on your own | <input type="checkbox"/> Vocal Energy |
| <input type="checkbox"/> Unit Sound | <input type="checkbox"/> Musical techniques | <input type="checkbox"/> Musical techniques for small choruses |
| <input type="checkbox"/> Choosing music | <input type="checkbox"/> Music staff training | <input type="checkbox"/> Section leader training |
| <input type="checkbox"/> Showmanship | <input type="checkbox"/> Choreography team training | <input type="checkbox"/> Creating a visual plan |
| <input type="checkbox"/> Costuming and makeup | <input type="checkbox"/> The judging categories – how they interrelate | <input type="checkbox"/> How to be a great bass, tenor, lead, bari |
| <input type="checkbox"/> Sight-singing | <input type="checkbox"/> Rhythm training | <input type="checkbox"/> Long-range planning |
| <input type="checkbox"/> Marketing your chorus | <input type="checkbox"/> Communication skills | <input type="checkbox"/> Performance packaging |
| <input type="checkbox"/> Characterization | <input type="checkbox"/> Planning for your success | <input type="checkbox"/> Quartet development |
| <input type="checkbox"/> Riser placement | <input type="checkbox"/> Effective committees | |
| <input type="checkbox"/> Other: _____ | | |

COACH PREFERENCE:

1. _____

2. _____

3. _____

4. NO PREFERENCE

We agree to the criteria listed in the cover letter pertaining to the coaching program and look forward to participating in such an exciting and worthwhile educational opportunity.

President's Signature

Director's Signature