



2005 FC DALLAS NATIONAL ANTHEM AUDITION FORM
GROUP

Name of Group: _____

Name of Primary Contact: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Secondary Phone: _____

E-Mail: _____

Name of Secondary Contact: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Secondary Phone: _____

E-Mail: _____

Names in performing group: (if more space is required please attach additional sheets)

1.	2.	3.	4.
4.	6.	7.	8.

Performance Style:

1. Group

Acapella Instrumental

2. Choir

Acapella Instrumental

3. Band / Marching Band

Acapella Instrumental

4. Other

If instrumental, what kind of instrument(s)
