Jenny Hatch Vocal Studio Survey Name: Email: **Phone:** Address: Vocal Part: (Circle) Soprano, Alto, Tenor, Bass Vocal Range: Low____ High____ Main Theatrical Focus: (Circle) Musical Theatre, Opera, Choral, Solo, Rock Band, Acapella Group, Other:_____ Tell me a little bit about you! Onterests, Hobbies etc... Your dream role: Your dream show: Online web address: (I recommend your name .com)_____ Will you commit to working at least three hours per day 5X a week during this eight week intensive? Signature: