

# WORSHIP TEAM INFORMATION

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_ Are you a TCASF Member: \_\_\_\_\_

Do you have access to Email/Internet? \_\_\_\_\_

Are you able to practice on Wednesday evening (6:30pm) and Sunday morning (8 am)?  
\_\_\_\_\_

How often would you like to participate? (monthly, weekly, quarterly) \_\_\_\_\_

Do you listen to worship music? If so, to whom?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MUSICIANS

List Instrument (electric, acoustic, etc.), experience level (beginner, intermediate, advanced), and if you have your own instrument(s):

| Instrument | Experience | Do you have your own instrument? |
|------------|------------|----------------------------------|
| _____      | _____      | Yes _____ No _____               |
| _____      | _____      | Yes _____ No _____               |
| _____      | _____      | Yes _____ No _____               |
| _____      | _____      | Yes _____ No _____               |

Can you read sheet music and/or chord charts? \_\_\_\_\_

Are you comfortable with Solos/Instrumentals? \_\_\_\_\_

## VOCALIST

List vocal parts in order of preference:

1) \_\_\_\_\_ 2) \_\_\_\_\_

Are you capable of harmonizing? \_\_\_\_\_

Are you comfortable Leading/Soloing? \_\_\_\_\_