



Application for IMPACT Team Tryouts—2015

NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

GRADE IN SCHOOL \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

HOME CHURCH \_\_\_\_\_

HOW LONG HAVE YOU ATTENDED \_\_\_\_\_ PASTOR/YOUTH PASTOR \_\_\_\_\_

WHEN WERE YOU SAVED: \_\_\_\_\_

DO YOU REGULARLY ATTEND...

- Youth Services at your church? \_\_\_\_\_
- Worship Services at your church? \_\_\_\_\_
- Sunday School/Small Group ? \_\_\_\_\_

IF NO, WHY NOT? \_\_\_\_\_

WHAT SINGING PART ARE YOU AUDITIONING FOR?

\_\_\_ SOPRANO \_\_\_ ALTO \_\_\_ TENOR \_\_\_ BASS \_\_\_ HAVE NO IDEA

DO YOU PLAY AN INSTRUMENT? IF SO, WHAT? \_\_\_\_\_

DO YOU PLAY WELL ENOUGH FOR CONCERT PERFORMANCE? \_\_\_ HOW LONG HAVE YOU PLAYED? \_\_\_\_\_

ARE YOU SINGING A SOLO OR WITH A GROUP FOR TNT? \_\_\_\_\_

Give a brief testimony that tells about your relationship with Christ:

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Why do you want to be a member of the Impact Team?

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Are you under a doctor's care? If yes, for what reason? \_\_\_\_\_  
Prescription Medication currently taking: \_\_\_\_\_

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Being a member of the District IMPACT Team is a high honor as you represent Christ and the NYI of the SC District. It is also a great opportunity for you to share Christ with others. If selected for the District IMPACT team I will:

- Attend all scheduled rehearsals
- Attend District Youth Camp
- Cooperate with the IMPACT Director, Adult Leaders & Local Church Leaders
- Be a committed, cooperative team member

Signed: \_\_\_\_\_

**Audition Procedures:**

- Be prepared to sing a song you choose
- Sing a song given to you by evaluator
- Be interviewed about yourself and your walk with Christ

**If you are auditioning for a instrumental spot:**

- Be prepared to play a song of your choosing
- Play a song given to you by the evaluator
- Be interviewed about yourself and your walk with Christ

**INCLUDE IN YOUR APPLICATION:**

\*application form

\*two letters of recommendation (one must be from your Pastor/Youth Pastor or NYI President and other from non-family member) by February 1st

Bring to TNT or Mail to:

Pastor Mike McAdory  
P.O. Box 645  
Clearwater, SC 29822

Questions: Mike McAdory 803-593-3114 or [mikemc@mvnazarene.org](mailto:mikemc@mvnazarene.org)