

OPERA CREATIONS MASTER CLASS AUDITIONS

Master Class with Simone Vigilante – January 16, 2016

PLEASE TYPE OR PRINT NEATLY AND EMAIL TO: ashevilleoperacreations@gmail.com

OR

BY REGULAR MAIL TO: OPERA CREATIONS, PO Box 754, Asheville, NC 28802

NAME _____ VOICETYPE _____

LEGAL NAME (if different) _____ DATE OF BIRTH ____/____/____

HOMETOWN _____ Are you a U.S. citizen? Yes No

If not, of which country are you a citizen? _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone _____ Other Phone _____ E-mail _____

Name of present voice teacher _____ for how long? _____

Name of previous voice teacher _____ for how long? _____

PROFESSIONAL EXPERIENCE

PLEASE ATTACH A ONE-PAGE RÉSUMÉ WHICH INCLUDES YOUR PERFORMANCE HISTORY.

EDUCATION

School _____

Degree (Presently held or Working Towards) _____

Date of Graduation (or expected date of graduation) _____

Have you previously attended any apprentice or young artist training programs? Yes No

If Yes, when and where? _____

List 2 selections of contrasting styles that you will be prepared to sing at your audition. One must be in English, and one in a language other than English. Selections must be memorized. Arias must be sung in the original language and key. Your selections may include art song, opera/opera, or musical theater. If from opera, operetta or musical theater, include the name of the show, composer, character and the title of the selection.

1. _____

2. _____

Do you require an official accompanist? YES _____ NO _____ If not, list the name of your accompanist _____

APPLICATION CHECKLIST

Completed Application Résumé Photo Proof of age \$25.00 (USD) application fee*

*Mail your payment w/your application to Opera Creations, PO Box 754, Asheville, NC 28802.

** Alternatively, scan & email your completed application and pay through PayPal – ashevilleoperacreations@gmail.com