

# The Minnesota OPERA

## 2011-2012 RESIDENT ARTIST PROGRAM SINGER APPLICATION FORM

NAME \_\_\_\_\_ VOICE CATEGORY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

Please indicate location and date preference for audition:

MINNEAPOLIS, MN

November 2, 3, 4, 5 & 6, 2010

application must be received by Oct. 11

NEW YORK, NY

November 16, 17, 18, 19 & 20, 2010

application must be received by Oct. 25

U.S. CITIZEN? \_\_\_\_ If you are not a U.S. citizen, what valid work authorization can you provide to prove your ability to work legally in this country?

Have you ever auditioned for this program before? \_\_\_\_ If so, year and location? \_\_\_\_\_

Please list five arias you will be prepared to sing at the audition (substitutions will be allowed at the time of the audition):

1. \_\_\_\_\_  
ARIA OPERA COMPOSER

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Please remember to keep a copy of this application for your records.

Application continued on next page

Please complete information below for two recognized opera professionals (teachers, coaches, etc.) as references. **(Letters of recommendation are not necessary.)**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ASSOCIATION TO APPLICANT

\_\_\_\_\_  
ASSOCIATION TO APPLICANT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

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

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

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
PHONE

Where did you learn about this program? \_\_\_\_\_

Application must include:

- Completed application form
- Résumé
- Current photograph
- Two professional references with phone numbers and addresses (letters are not necessary)
- Self-addressed, stamped business-size envelope
- Application fee

Please indicate your payment method:

- My check for \$35 is enclosed, payable to The Minnesota Opera
- Please charge \$35 to my  VISA/MC  AMEX  DISCOVER/NOVUS

Account number \_\_\_\_\_ Exp. date \_\_\_\_\_ CVC2 Number \_\_\_\_\_  
*(three or four digit number on back of card)*

Signature \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE

Please remember to keep a copy of this application for your records.

Incomplete audition packets will not be accepted.

Please send this completed application form and the items on the checklist above to:

THE MINNESOTA OPERA  
ATTN: RESIDENT ARTIST PROGRAM  
620 NORTH FIRST STREET  
MINNEAPOLIS, MN 55401