

The Minnesota OPERA

2009–2010 RESIDENT ARTIST PROGRAM ASSISTANT DIRECTOR APPLICATION FORM

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

DAY PHONE _____

EVENING PHONE _____

CELL PHONE _____

E-MAIL _____

DATE OF BIRTH _____

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? _____

REQUIREMENTS

PLEASE SEND:

- A statement describing your interest outlining your reasons for choosing to be a stage director, how your experience and background qualifies you for this career and what you hope to achieve while a member of The Minnesota Opera Resident Artist Program.
- Current photo and résumé
- Video sample of your work
- Two letters of recommendation

Applicant will be notified if accepted to interview and date and place of interview will be scheduled at that time.

Application must be received by December 1.

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

application continued on next page

Please complete contact information below for two recognized opera professionals (teachers, coaches, etc.) who will provide letters of reference.

_____ 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
- Statement of Interest
- Work sample
- Résumé
- Current photograph
- Two professional references with phone numbers and addresses
- 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 _____

Signature _____

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