

The Minnesota OPERA

2008–2009 RESIDENT ARTIST PROGRAM PIANIST/COACH 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? _____

Please indicate location and date preference for audition:

MINNEAPOLIS, MN

November 14, 15, 16 & 17, 2007

application must be received by Oct. 22

NEW YORK, NY

November 28, 29, 30, December 3, 4, 5 & 6, 2007

application must be received by Nov. 5

AUDITION REQUIREMENTS (Music will be sent upon receipt of application)

PLAY

Verdi *Aida*: Act II, grand finale, measure 10 to rehearsal E

Dove *The Adventures of Pinocchio*: Act II, "Funland" (rehearsal no. 116 to rehearsal no. 130)

PLAY AND SING

Mozart *The Abduction from the Seraglio*: Act II, no. 16 – quartet to *andante*

Gounod *Faust*: Act IV, final trio from "Attends!" to end of trio

Donizetti *Roberto Devereux*: Act III, scena and aria finale to *moderato*

SIGHTREADING:

Applicants may be asked to sightread, conduct and coach.

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 _____

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