

The Minnesota OPERA

2010-2011 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 17, 18, 19, 20 & 21, 2009

application must be received by Oct. 26

NEW YORK, NY

December 1, 2, 3, 4 & 5, 2009

application must be received by Nov. 9

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