

Minnesota OPERA

2014-2015 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 **CHECK** the box for preferred audition **Location** AND **CIRCLE** the preferred audition **Date**:

MINNEAPOLIS, MN

NEW YORK, NY

November 12, 13, 14, 15 & 16, 2013

December 3, 4, 5, 6, 9, 10 & 11, 2013

application must be received by Oct. 21

application must be received by Nov. 11

While not guaranteed, we will do our best to accommodate your requests. There will be no schedule changes. Please no inquiries on your application status. **LATE APPLICATIONS WILL NOT BE ACCEPTED!**

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
- resumes
- Current photograph
- Two professional references with phone numbers and addresses (letters are not necessary)
- Two self-addressed, stamped business-size envelopes
- Application fee

Please indicate your payment method:

- My check for \$40 is enclosed, payable to Minnesota Opera
- Please charge \$40 to my VISA/MC APEX DISCOVER/NOVAS

Account number _____ Exp. date _____ CC2 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 and late audition packets will not be accepted.

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

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