

CHORUS/EDUCATION AUDITION

Please Print



Name: _____
(Last, First)

Audition Date: _____ Time _____ Number _____ 

NAME: _____ VOICE TYPE: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (H): _____ PHONE (W): _____ PHONE (C): _____

EMAIL ADDRESS: _____

PERMANENT ADDRESS: (if different) _____

CITY: _____ STATE: _____ ZIP: _____

COLLEGE AFFILIATION: (if any) _____

HAVE YOU ANY FORMAL DANCE TRAINING (BALLET OR MODERN)? YES NO

WHAT PART ARE YOU MOST COMFORTABLE SINGING? S1 S2 A1 A2 T1 T2 B1 B2

IF NEEDED, WHAT OTHER PARTS COULD YOU SING? S1 S2 A1 A2 T1 T2 B1 B2

PLEASE CIRCLE THE SHOW(S) YOU ARE AUDITIONING FOR

Chorus: *Il barbiere di Siviglia* *Falstaff* *Don Giovanni*

Education Program:

The Magic Flute *The Barber of Seville* *Don Giovanni*

PREPARED PIECES:

Deadline: Nov. 10, 2008

Send Application along with a resume and headshot / snapshot.

To: Auditions, Opera Cleveland, 1422 Euclid Avenue, Suite 1052, Cleveland, OH 44115
Or Fax: 216-575-1918 Or email: wilson@operacleveland.org