



ROLE PREPARATION PROGRAM APPLICATION FORM

DATE _____

APPLICATION FOR SPRING _____ (year)

PREFERRED AUDITION DATE _____

NAME _____ GENDER: Male Female
(first) (middle) (last)

ADDRESS _____

PERMANENT ADDRESS (if applicable) _____

TELEPHONE _____ MOBILE _____

FAX _____ EMAIL _____

VOICE TYPE _____

MANAGER (if applicable) _____

REFERENCE (1) _____
(name) (telephone) (relationship)

REFERENCE (2) _____
(name) (telephone) (relationship)

TEACHER(S)/COACH(S) _____

LANGUAGE(S) STUDIED _____

ROLES/WORKS PERFORMED OR COMPLETELY STUDIED (Include performance dates and venues if applicable)

UPCOMING ENGAGEMENTS _____

PLEASE CHECK HERE IF YOU WILL BE APPLYING FOR FINANCIAL ASSISTANCE

Please print and mail this completed application to the address below, **Attn: Role Preparation Program**. Please enclose a headshot. A non-refundable processing fee of \$25 must be included with this application. You are invited to include any additional material about your career or opera experiences.