



2012 Opera Grand Rapids

COLLEGIATE VOCAL COMPETITION

APPLICATION

Personal Information:

Name: _____ Voice Type: _____

Student at (name of college or university): _____

Applicant's Street Address: _____

City: _____ State: _____ Zip: _____

Applicant's Phone: _____ Cell Phone: _____

Applicant's E-mail Address: _____ Date of Birth: _____

(Please include a photocopy of your birth certificate, passport or other legal document verifying your age.)

List the two works you will be performing:

(Please list the aria titles in the languages in which you will be performing them.)

#1 Title: _____

Opera: _____ Composer: _____

#2 Title: _____

Opera: _____ Composer: _____

To be filled out by music professional (private instructor, coach, or professor):

Recommended by (print name): _____ Position: _____

Signature: _____ Date: _____

Application checklist

\$20 application fee ___ \$20 pianist fee, if using Opera Grand Rapids pianist ___
Proof of age ___ Resume ___ If using our pianist a clean copy of music ___
Check payable to Opera Grand Rapids ___

Mail complete application packet to:

Opera Grand Rapids

The Betty Van Andel Opera Center

ATTN: Vocal Competition

1320 East Fulton

Grand Rapids, MI 49503

Fax: (616) 451-4587 Phone: (616) 451 -2741 www.operagr.com

Applications must be postmarked by February 3, 2012.

Late applications will not be accepted.