



Application form - 2017

Complete this application form and send with a performance resume, one letter of recommendation, and a check for the application fee in the amount of \$40 (USD) made payable to "Si parla, si canta," to Si parla, si canta; Benton Hess, Artistic Director; 1900 Empire Blvd #234; Webster, NY 14580 (USA). You may also send an audition CD or DVD, which should include three or four selections, in any language, of repertoire you feel represents you at your best. We are also accepting audition recordings submitted as MP3 files or links to YouTube or other online performances. Applications for the four and six-week programs must be received by March 1, 2017. Applications for the eight-week program are due by January 15, 2017.

NAME _____

DATE OF BIRTH _____

EMAIL ADDRESS _____ PHONE _____

STREET ADDRESS/CITY/STATE/POSTAL CODE/COUNTRY...

VOICE TYPE/PIANIST _____ FIRST LANGUAGE _____

HAVE YOU STUDIED ITALIAN BEFORE? _____ IF SO, HOW LONG? _____

ARE YOU APPLYING FOR THE 4-WEEK, 6-WEEK, or 8-WEEK PROGRAM? _____

IF YOU ARE CURRENTLY ENROLLED IN SCHOOL, WHERE? _____

YEAR OF STUDY DURING THE 2017-2018 ACADEMIC YEAR (circle one)...

FRESHMAN SOPHOMORE JUNIOR SENIOR MASTERS DOCTORAL OTHER

OTHER SCHOOLS YOU HAVE ATTENDED...HOW LONG? AND WHEN?

WITH WHOM DO YOU STUDY VOICE (or piano)? _____

HOW LONG HAVE YOU STUDIED VOICE (or piano)? _____

LIST OPERA/MUSICAL THEATER ROLES YOU HAVE PERFORMED AND WHERE...

LIST OPERATIC ARIAS OR SONG REPERTOIRE WITH WHICH YOU AUDITION...
(Pianists...List representative solo piano repertoire you have performed.)

LIST ANY PUBLIC MASTER CLASS CLINICIANS FOR WHOM YOU HAVE SUNG...

LIST CONDUCTORS AND STAGE DIRECTORS WITH WHOM YOU HAVE WORKED.

DO YOU HAVE PROFESSIONAL MANAGEMENT? _____

IF SO, WHO? _____

LIST ANY IMPORTANT ENGAGEMENTS YOU HAVE COMING UP...

ARE YOU ENCLOSING A CD/DVD RECORDING WITH THIS APPLICATION? _____

WILL YOU BE EMAILING MP3 FILES/LINKS TO ONLINE PERFORMANCES? _____

(signature) _____ (date) _____

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