

# Citywide Youth Opera Audition Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Voice part: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State, ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Name of parent (s) or guardian: \_\_\_\_\_ Parental day phone: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

Grade/Year in school: \_\_\_\_\_ Name of school: \_\_\_\_\_

Name of private voice teacher (if applicable): \_\_\_\_\_

Can you read music? \_\_\_\_\_

Do you play a musical instrument, and if so, which? \_\_\_\_\_

Audition selections you will perform for your CYOp audition:

1. \_\_\_\_\_ 2. \_\_\_\_\_

(Please do not write below this line)

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