

APPLICATION FORM • NEW YORK

Last Name:

First Name:

Type of Voice:

Address:

Date of Birth:

Phone Number:

E-mail:

Aria 1:

Aria 2:

(E.g.: Puccini: *Un bel dì, vedremo* – *Madama Butterfly*)

Directions: Please complete the application form, enclose the application fee of \$50 in the form of a cashiers check or money order and send completed materials to:

Dicapo Opera Theatre
Attn: Opera Competition Auditions
184 East 76th Street
New York, NY 10021
Email: Dotproduction@aol.com
Attn: Mezzo Auditions
Fax: 212-744-1082

*To pay application fee using a credit card, complete the form below:
(Please note amount will be \$54 which includes a processing fee.)*

Bill my: Visa _____ MasterCard _____ American Express _____
Card Number _____ Expiration Date _____
Name as it appears on card _____ Billing Zip Code _____

Signature _____

Further information: **www.operacompetition.hu**