

APPLICATION FORM SINGER PROGRAM



Canadian Operatic Arts Academy
c/o Don Wright Faculty of Music
Talbot College, Room 210,
Western University
1151 Richmond Street, London, ON, N6A 3K7
519-661-2111 ext. 80047 coaa@uwo.ca
<http://www.music.uwo.ca/programs/coaa-aedo.html>

Name: _____
LAST FIRST MIDDLE

Date of Birth (DD/MM/YY): ____/____/____ Voice type: _____

Street Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Phone number (Home) _____ Phone number (Mobile) _____

Email address: _____

EDUCATION

School: _____ Program: _____ Years Attended: _____

Teacher (current): _____ Coaches: _____

List two references (they need not submit a letter but may be contacted in regard to your application):

1. _____
NAME TITLE AND/OR ORGANIZATION E-MAIL PHONE

2. _____
NAME TITLE AND/OR ORGANIZATION E-MAIL PHONE

AUDITION INFORMATION

I wish to apply to (check all that apply): COAA AEDO

Request for a Live Audition. Dates to be announced (please select one of the following):

London Montreal Quebec City Calgary Toronto Vancouver Winnipeg

Note: You will need to provide your own pianist.

Request for a Recorded Audition

AUDITION AND APPLICATION REQUIREMENTS

Three arias which best demonstrate your abilities, 8" x 10" headshot, résumé, \$50 CDN application fee - cheque or money order payable to **Western University**

Signature: _____ Date: _____

APPLICATION DEADLINES (POSTMARKED): • Live Audition (all other cities) - **November 11, 2016**
• Recorded Audition - **December 2, 2016**