

Greek Opera Studio

Island of Syros, Greece June-July 2020 AUDITION APPLICATION

Please fill out this information form and return it to [MidAmerica Productions, Attn: Eilana Lappalainen,](mailto:Lappalainen@midamerica-music.com)
to Lappalainen@midamerica-music.com along with required materials (see bottom of application).

NO video tapes will be accepted. No materials will be returned. Do not send any money at this time; only after acceptance.
Photocopies of application are acceptable.

NAME : _____ NATIONALITY : _____

AGE : _____ DATE OF BIRTH : _____

VOICE TYPE : _____ YEARS OF VOCAL STUDY : _____

INTERNATIONAL APPLICANT

GREEK RESIDENT

PERSONAL INFORMATION

STREET : _____ E-MAIL: _____

CITY : _____ MOBILE : _____

STATE : _____ HOME PHONE : _____

ZIP CODE : _____ COUNTRY : _____

EDUCATION

INSTITUTION : _____ YEARS OF STUDY : _____

ADDRESS : _____ CONTACT/DIRECTOR : _____

TELEPHONE : _____

E-MAIL : _____

PRINCIPAL VOCAL TEACHERS : _____

PRINCIPAL COACHES : _____

REFERENCE # 1 : _____

REFERENCE # 2 : _____

Please see below for requirements.

How did you hear about us? _____

For application and more information on the Greek Opera Studio please contact:

Business Office: Executive/Artistic Director Eilana Lappalainen Tel: 212- 239-0205

e-mail: Lappalainen@midamerica-music.com

MidAmerica Productions, Vocal Division, 39 Broadway, 36th Floor, New York, NY 10006, USA

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June-July 2020
AUDITION APPLICATION**

PLEASE NOTE: Please Note: Preliminary cuts will be provided in December, however these are subject to change. Therefore, entire roles must be learned and memorized, including all recitatives, regardless of cuts, prior to arrival in Greece.

All applicants must include, with their application materials, an MP3 or video recording, a one-page resume, and written endorsement from their current teacher or coach confirming that the applicant is qualified to perform in the Greek Opera Studio. This endorsement must also include the conductors/teacher's address, telephone number, and signature.

EMERGENCY CONTACT INFORMATION

NAME: _____

RELATIONSHIP _____

HOME PHONE _____

MOBILE : _____

E-MAIL _____

I certify that the above information is correct & truthful, & that I am the featured artist on the enclosed recording, which has been recorded by me within the last six months.

SIGNATURE OF CANDIDATE

DATE

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