



Send your completed application and check to:

Marilyn Michalka Egan, Ph.D.,
Director of Education, Pittsburgh Opera
2425 Liberty Avenue, Pittsburgh, PA 15222

412-281-0912 x242 Fax 412-281-4324

APPLICATION FORM for High School Vocal Mock Audition

Please type or print neatly in blue or black pen.

NAME _____ VOICE TYPE _____

DATE OF BIRTH _____

Home Address

Street _____ City _____ State _____ Zip _____

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Home Phone _____ Cell Phone _____ E-mail Address _____

Education

High School _____ Grade _____ County _____

Street _____ City _____ State _____ Zip _____

Private Voice Teacher

Indicate foreign language singing and speaking proficiency: _____

List music awards, grants, scholarships: _____

LIST THE TWO SONGS THAT YOU ARE PREPARED TO SING AT THE AUDITION

Name of Song _____ Composer _____ Language _____

APPLICATION MUST BE RECEIVED BY November 1, 2019

I hereby make application to the Pittsburgh Opera High School Vocal Mock Auditions.

☐ **Check** for full amount enclosed, payable to Pittsburgh Opera Check Number _____

APPLICANT'S SIGNATURE _____ DATE _____
(Signature indicates permission to use your photo in Pittsburgh Opera publications.)

PARENT OR GUARDIAN SIGNATURE _____