

THE SULLIVAN FOUNDATION - 2009 AUDITION APPLICATION

P.O.Box 189 Kent, CT 06757 (860) 927-1320 Info@sullivanfoundation.org
FedEx/Express mail address: 162 Macedonia Road, Kent CT 06757

NAME _____ DATE _____

VOICE CATEGORY _____ AGE _____ DATE OF BIRTH ___/___/___

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

MANAGER (ADDRESS/PHONE) _____

SCHOOL (S) _____ DEGREE(S) _____ YEAR _____

PROFESSIONAL OPERA EXPERIENCE *(this must be filled in)*

ROLE OPERA/LANGUAGE COMPANY YEAR

YOUNG ARTIST AND APPRENTICE PROGRAMS *(Please give starting and ending dates)*

AWARDS, PRIZES, GRANTS AND SCHOLARSHIPS

TEACHERS & COACHES

UPCOMING ENGAGEMENTS WITH ORCHESTRA *(provide a copy of a contract after 11/17/09)*

To complete the application process, we must have received the following by September 21, 2009:

- ONE PAGE Resume
- photo
- letter of endorsement
- contract after 11/17/09