

OPERA NOVA COSTA RICA
OPERA TRAINING PROGRAM 2017

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

E-Mail: _____ Birthdate: ____ / ____ / _____

Voice Type (fach) _____ Vocal Range: _____(example: G3-A4)

Height: _____ Weight: _____ Clothing Sizes: Shirt _____ (S, M, L, XL, 1X, 2X, 3X)

Pants _____ Dress _____ Shoe _____

Title and composer of aria selections

- 1.
- 2.

What opera role(s) are you interested in working?

Where have you studied, number of years of study and degree(s) obtained:

What languages have you studied and for how long?

What are your greatest strengths as a singer/actor? What are your greatest challenges?

Additional information (special skills?):