

The Giulio Gari Foundation Tel. 212-874-3934 comp2018@giuliogari.org 2018 International Vocal Competition Application	
PART 1 OF 2 ALL INFORMATION MUST BE PROVIDED – INCOMPLETE APPLICATIONS MAY BE DISQUALIFIED TYPE OR PRINT LEGIBLY IN BLACK INK. DO NOT USE STAPLES FOR ANY DOCUMENTATION.	
The Competition will be held at: The Liederkrantz Foundation 6 East 87th Street New York, NY 10128	
PRELIMINERIES	- May 21, 22, 23, 24
FINALS	- May 25
PLEASE READ BEFORE FILLING OUT THIS APPLICATION	
	<ul style="list-style-type: none"> • Age requirement: 21-35. • Former Giulio Gari Foundation winners (1st thru 5th prize) cannot re-apply. • All winners are presented in concert to receive prizes. • Repertoire once submitted cannot be changed. • Submitted materials cannot be returned. • Submission of this application does not guarantee an audition. • Eligible participants will be notified of the date, time and location of the audition by email. • An Accompanist will be provided at no cost. • No fee required to apply. • The Giulio Gari Foundation cannot assume any responsibility for expenses incurred during any portion of the competition.
APPLICANTS MUST SUBMIT THE FOLLOWING:	
	<ul style="list-style-type: none"> • Original application (PARTS 1 AND 2) signed and dated • Resume • Recent 8 x 10 Photograph • Copy of <u>ONE</u> of the following forms of ID: drivers license, birth certificate or passport • <u>ONE</u> current letter of recommendation (original only) - email accepted
APPLICATION MUST BE RECEIVED NO LATER THAN 5 P.M. (EST) THURSDAY APRIL 26, 2018	
Mail your application to:	GIULIO GARI FOUNDATION 175 W 72ND ST APT 4F NEW YORK NY 10023-3209
Email to:	comp2018@giuliogari.org
ALL INFORMATION CONTAINED IN THIS DOCUMENT IS SUBJECT TO CHANGE WITHOUT NOTICE	

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

/ /
DATE (mm/dd/yyyy)

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PART 2 OF 2

ALL INFORMATION MUST BE PROVIDED – INCOMPLETE APPLICATIONS MAY BE DISQUALIFIED
TYPE OR PRINT LEGIBLY IN BLACK INK. DO NOT USE STAPLES FOR ANY DOCUMENTATION.

Family Name (<i>Last Name</i>)		Given Name (<i>First Name</i>)		M.I.
Voice Category	Age	Date of Birth (<i>mm/dd/yyyy</i>) / /	Address : (<i>Street Number and Name</i>)	Apt. / Unit
Telephone (<i>Day</i>)	Telephone (<i>Other</i>)		City or Town	State / Province
email		Zip / Postal code		Country of Citizenship

A. Have you previously auditioned for the Giulio Gari Foundation International Vocal Competition?

NO- YES- What year(s)?:

Please list prizes:

B. Vocal study (schools, teachers and coaches) include dates:

C. List any past and future public engagements (include locations):

D. Management:

E. List four arias (preferably in different languages) that you have selected for your audition:

1-	Aria	Composer
2-	Aria	Composer
3-	Aria	Composer
4-	Aria	Composer

SIGNATURE OF APPLICANT

/ /
DATE (*mm/dd/yyyy*)

www.giuliogari.org

