

2019 International Vocal Competition Application

PART 1 OF 2

ALL INFORMATION MUST BE PROVIDED – INCOMPLETE AND/OR LATE APPLICATIONS ARE DISQUALIFIED.
TYPE IN BLACK INK. HANDWRITTEN APPLICATIONS ARE NOT ACCEPTED.

The Competition will be held at:

**The Liederkrantz Foundation
6 East 87th Street
New York, NY 10128**

PRELIMINERIES - May 13,14,15,16

FINALS - May 17

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

- Age requirement: 21-35.
- Former Giulio Gari Foundation winners (1st thru 5th prize) cannot re-apply.
- All winners are awarded their prize at a public concert and dinner.
- Repertoire once submitted cannot be changed.
- Submitted materials cannot be returned.
- Submission of this application does not guarantee an audition.
- Only Eligible participants will be notified of the date, time and location of the audition by email.
- An Accompanist will be provided at no cost.
- \$50.00 no refundable fee required to apply.
- The Giulio Gari Foundation does not assume responsibility for personal expenses incurred during any portion of the competition.

APPLICANTS MUST SUBMIT THE FOLLOWING by EMAIL ONLY:

- Original application (PARTS 1 AND 2) signed and dated
- Resume
- Recent 8 x 10 Photograph
- Copy of ONE of the following forms of ID: drivers license, birth certificate or passport
- ONE current letter of recommendation (original only) - email accepted

APPLICATION MUST BE RECEIVED NO LATER THAN 5 PM (EST) FRIDAY, APRIL 19, 2019

Email your application to:

comp2019@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)



2019 International Vocal Competition Application

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

FACEBOOK: _____ INSTAGRAM: _____ TWITTER: _____

 SIGNATURE OF APPLICANT

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