Saint Mary's College Department of Music <u>AUDITION APPLICATION</u>

Name		
Parent's Name(s)		
Address		
City	State	Zip Code
Telephone		
E-mail address		
Name and Address of High School		
Instrument(s) on which you wish to audition	Vo	ice (Soprano, Mezzo, Alto)
Please list repertoire prepared for this audition:		
Additional repertoire studied on this instrument:		
Number of years of lessons on this/these instruments?		
Other instrument(s) played		
Have you studied piano? I List music experiences/organizations in high school		
Name(s) of high school music teachers		
Please indicate three (3) dates (Monday through Friday) w	hen it would be po	ossible for you to audition:
1		
2		
3		
Vocalists – send music to be used by accompanist during a	audition to address	s below.
PLEASE RETURN APPL	LICATION TO:	

Department of Music Saint Mary's College Notre Dame, IN 46556 574-284-4632 Fax Number: 574-284-4884 nmenk@saintmarys.edu