

Please send by mail:
 Attn: New Opera Singapore
 28 Aliwal Street #02-03
 Singapore 199918
 DID: (65) 96695875
 Email: enquiry@newopera.sg

NOS YOUTH OPERA APPLICATION FORM

Applicant Particulars

Name & NRIC: (last 4 characters)		Voice Part:	<i>i.e. SATB/if you're unsure pls indicate as "NA"</i>
Age:		Gender:	
School:		Level:	
Address:			
Tel: (M)		Tel: (H)	
Email:			
Other relevant musical experiences	<i>i.e. Choir, band, ABRSM qualifications</i>		

Audition Repertoire

(try to choose something of the classical or musical theatre genre, or perhaps something you've sung before)

Name of piece chosen (max 2.):	
Composer:	

Parent/Guardian Contact Details

Name:		Relationship	
Age:		Occupation:	
Address:			
Tel: (M)		Tel: (H/O)	
Email:			