APPLICATION FORM

Please complete in block letters and sign in all parts.

PERSONAL DETAILS

Surname: _____

First Name: _____

Date and Place of Birth: _____

Citizenship: _____

Residence: _____

City: _____

State: _____

Province: _____

Postal Code: _____

Telephone Number: _____

Email Address: _____

VOCAL CHARACTERISTICS

Vocal Range: _____

REPERTOIRE

Selected Opera Arias (three opera arias, at least one of which must be in Italian):

1. Aria Title: _____
2. Opera: _____
3. Composer: _____
4. Language: _____
5. Aria Title: _____
6. Opera: _____
7. Composer: _____
8. Language: _____

Viale Trento 8, 01100 Viterbo – Cell 3335704228 – mail:
accademiadanzacantorecitazione@gmail.com C.F.97515710589
R.U.N.T.S. rep. n. 141579,

9. Aria Title: _____

10. Opera: _____

11. Composer: _____

12. Language: _____

The organization will provide an accompanying pianist.

Audition location

- **Rome:** July 7–8, 2025
- **Paris:** July 10, 2025
- **Brussels:** July 12, 2025
- **Vienna** July 26,2025
- **Berlin:** August 7, 2025

DECLARATION

I, the undersigned, certify that:

☐ I am aware that false, incomplete or untrue statements will result in exclusion from the selection process.

☐ I authorize the processing of my personal data in accordance with EU Regulation 2016/679 (GDPR) and Legislative Decree No. 196 of June 30, 2003.

Date: Signature: