

**MUSIC IN THE MARCHE  
2012 AUDITIONS**

NAME \_\_\_\_\_  
AUDITION LOCATION \_\_\_\_\_  
VOICE TYPE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/TOWN \_\_\_\_\_  
STATE/PROVINCE \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**PARENT CONTACT INFORMATION**

NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**MEDICAL CONDITIONS**

\_\_\_\_\_  
\_\_\_\_\_

**ARE YOU A VEGETARIAN?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**EDUCATION (INCLUDING OTHER SUMMER PROGRAMS)**

\_\_\_\_\_  
\_\_\_\_\_

**VOICE TEACHERS AND COACHES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MUSICAL AUTHORITIES FAMILIAR WITH YOUR WORK**  
NAME \_\_\_\_\_  
AFFILIATION \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME \_\_\_\_\_  
AFFILIATION \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**LIST THE PIECES YOU WILL OFFER AT YOUR AUDITION**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

SEND THE COMPLETED FORM, ALONG WITH A  
NONREFUNDABLE  
\$30 APPLICATION FEE, TO:  
**Dr. Jeffrey Peterson 702 Park  
Meadows Dr. Waco, TX 76643**  
PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:  
**JEFFREY PETERSON**