



Weekend workshops

Application Form

Please see website for deadlines

Which workshop are you applying for? _____

Name: _____

Address: _____

Zip Code: _____

State: _____

E-mail: _____

Phone: (_____) _____

Instrument or voice range: _____

Singers please provide an audition tape, a summary of experience and a recent photo.

**PLEASE NOTE: TUITION IS DUE ON ACCEPTANCE TO THE WORKSHOP
AND IS NON REFUNDABLE**

Please send application forms to:

Maxine Eilander
Managing Director
Seattle Academy of Opera
1525 NE Elshin Place
Seattle, WA 98125, USA

-Applications by email are also accepted-

info@seattleacademyofopera.org

www.seattleacademyofopera.org