PERA CROWN
5TH TBILISI INTERNATIONAL VOICE COMPETITION

# APPLICATION FORM

FULL NAME:

VOICE TYPE: AGE: DATE OF BIRTH (DD/MM/YY):

NATIONALITY: PASSPORT №

E-MAIL ADDRESS:

PHONE (CELL):

FULL ADDRESS:

Preliminary Audition by recording ☐

OR

Preliminary Live Auditions:

Prague ☐ Budapest ☐ Washington D.C. ☐

## REPERTOIRE FOR THE PRELIMINARY AUDITIONS:

Aria 1 _____

Aria 2 _____

## COMPETITION REPERTOIRE:

### I[ST] ROUND

Aria 1 _____

Aria 2 _____

### 2[ND] ROUND

Aria 1 _____

Aria 2 _____

### 3[RD] ROUND

Aria 1 _____

Aria 2 _____

A. EDUCATION, INCLUDE DATES:

B. AWARD, IF ANY:

☐ I AGREE TO ACCEPT THE RULES OF THE COMPETITION

SIGNATURE: ..... DATE: .....

Please, read carefully. All requested information must be provided.

APPLICATION MUST BE RECEIVED BEFORE DEADLINE

TO THE FOLLOWING E-MAIL ADDRESS: **operacrowntbilisi@gmail.com**