

APPLICATION FORM

Personal information:

First Name: _____ Surname: _____

Nacionality: _____

Place of birth: _____ Date of birth _____

ID number or Passport: _____

Address:
Street _____ number _____

Town _____ Region _____

Country _____ Zip Code _____

Telephone: _____

Telephone 2: _____

Mail: _____

Voice: _____ **Teacher:** _____

COMPULSORY PROGRAMME

W. A Mozart's aria of opera:

Recitative (if any):

Aria:

Opera:

Aria of opera in Italian

Recitative (if any):

Aria:

Cabaletta (if any):

Opera:

Composer:

Aria of opera in a language different from Italian

Recitative (if any):

Aria:

Cabaletta (if any):

Opera:

Composer:

Romanza Zarzuela

Romanza (zarzuela's aria):

Zarzuela:

Composer:

Piece of sacred or chamber music

Lied /Chanson /Aria:

Composer: