



*The Choral Society*  
OF THE PALM BEACHES

## Young Artist Vocal Competition

### APPLICATION

Name: \_\_\_\_\_ Voice Type: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_

H.S. Choral Teacher: \_\_\_\_\_

Voice Teacher (if applicable): \_\_\_\_\_

Repertoire: (List Title and Composer; Major Work ( if applicable)

1.) \_\_\_\_\_

2.) \_\_\_\_\_

Statement Of Career Goals: ( attach additional page if necessary)

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

Teacher Recommendation: (attach additional page if necessary)

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

Check here indicating your \$20.00 Application fee is enclosed

Check here confirming \$25 is enclosed if accompanist is needed

Please make check payable to Choral Society of the Palm Beaches  
Mail with Application to P.O. Box 30831 Palm Beach Gardens FL 33420

\_\_\_\_\_  
Print Name (Applicant)                      Signature (Applicant)                      Date

\_\_\_\_\_  
Print Name (Teacher)                      Signature (Teacher)                      Date