



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 confirming accompanist is needed

Please mail Application to:
Choral Society of the Palm Beaches Att: YAVC
P.O. Box 30831
Palm Beach Gardens FL 33420

Print Name (Applicant) Signature (Applicant) Date

Print Name (Teacher) Signature (Teacher) Date