



War Memorial Opera House
301 Van Ness Ave
San Francisco, CA 94102

Chorus Office Contact Information:
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FOR ADMINISTRATIVE USE ONLY
Audition Date:
Audition Time:

2023 CHORUS AUDITION APPLICATION

Please complete both pages

NAME: Last First Middle VOICE:

PHONE #: EMAIL:

MAILING ADDRESS: Street City Zip Code Country

EMPLOYMENT PREFERENCE: Regular Chorus Extra Chorus

San Francisco Opera is an equal opportunity employer and does not discriminate because of race, color, creed, age, gender, including gender identification and gender expression, religion, sex, marital status, ancestry, national origin, physical or mental disability, pregnancy, medical condition including genetic information, disability, sexual orientation, citizenship, veteran status, or any other consideration made unlawful by federal, state or local laws. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Do you have the legal right to work in the United States? YES NO
All employment is conditioned upon your providing timely and satisfactory evidence of your ability to legally work in the United States upon your acceptance of our offer of employment, should one be extended.

Have you previously been employed by the San Francisco Opera Chorus? YES NO
If yes, indicate dates

Have you previously auditioned for the San Francisco Opera Chorus? YES NO
If yes, indicate dates

GENERAL AND MUSIC EDUCATION

Table with 6 columns: Name/City/State, # of Years Completed, Graduated Y/N?, Degree, Diploma, or Certificate Conferred, Major. Rows include College, Post Graduate, and Certificate/Other.



CURRENT VOCAL TEACHER/COACH: _____
LENGTH OF STUDY: _____

PREVIOUS TEACHERS/COACHES AND LENGTH OF STUDY:

ABILITY TO READ MUSIC: Excellent Good Fair None

FOREIGN LANGUAGES: Sing: _____
Read: _____
Speak: _____

PROFESSIONAL EXPERIENCE:
List all applicable experience below
In addition, please attach your resume, written references and/or recommendations, and a current photo

UNION AFFILIATIONS/MEMBERSHIPS: AGMA AFTRA
 EQUITY SAG

ADDITIONAL RELEVANT INFORMATION
If you would like to provide any additional relevant information not included in your resume or references/recommendations, please do so in the space below

SIGNED: _____ DATE: _____