

**National Association of Teachers of Singing—Bay Area Chapter
Student Recital Application Form**

Student Name: _____

Address: _____

Phone: _____ **Email:** _____

Grade Level or college attending if applicable: _____

Age (or category): _____

Voice Type: _____

Length of Study _____

(total): _____

Teacher: _____

Total performance time*: **Min:** _____ **Sec:** _____

***Total time limit: 8 minutes, including any spoken introduction**

REPERTOIRE TO BE PERFORMED (in order) MUST BE MEMORIZED

Song/Aria: _____

Movement/Work: _____ **Op:** _____ **No:** _____

Composer: _____

Song/Aria: _____

Movement/Work: _____ **Op:** _____ **No:** _____

Composer: _____

Song/Aria: _____

Movement/Work: _____ **Op:** _____ **No:** _____

Composer: _____

Application and \$20 fee must be received no later than 14 days before the recital.

Mail or email to: (This section to be filled out by recital coordinator)

Name: _____

Address: _____

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