

# APPLICATION

**DEADLINE: October 1, 2009**

Student Name \_\_\_\_\_ Parent or Guardian's Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ School Name \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ School Address \_\_\_\_\_  
 County of Residence \_\_\_\_\_ City \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone (\_\_\_\_\_) \_\_\_\_\_ School Phone (\_\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_ High School Instructor's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Principal's Name \_\_\_\_\_

Competition Categories (please check one box)		
Dance <input type="checkbox"/> Ballet <input type="checkbox"/> Non-Classical _____ <i>indicate style: jazz, tap, etc.</i>	Instrumental <input type="checkbox"/> Classical _____ <input type="checkbox"/> Jazz <i>indicate instrument (for either category)</i> <input type="checkbox"/> <i>check if accompanist is a drummer</i>	Vocal <input type="checkbox"/> Classical _____ <i>indicate vocal range: soprano, mezzo-soprano, tenor, baritone, bass</i> <input type="checkbox"/> Non-Classical _____ <i>indicate style: musical theater, pop, etc.</i>

**Please print or type the answers to these questions. If you use additional paper, clearly add your name on the attached paper and number the corresponding answers.**

1. Tell us about your artistic training in school and out of school. Please include how long you have studied, the age you began studying and how you became interested in your art form. Please do not mention your private teachers or studios.

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

limit 50 words

2. What are your professional and/or artistic goals?

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

limit 50 words

3. List repertoire you will perform for your preliminary audition. Repertoire may be changed without penalty.

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

**I understand that most auditions take place during the school day. Entry in the competition indicates my compliance and acceptance of all entry guidelines and rules. I have read the program information and rules and understand that submission of this application constitutes agreement to all conditions.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please mail application to:  
Music Center Spotlight Awards  
135 North Grand Avenue  
Los Angeles, CA 90012