



Sunday, June 23 – Thursday, July 4, 2019

NOTO, Sicily, ITALY

2019 APPLICATION DIRECTIONS

1. On the Umbrian Serenades website, umbrianserenades.com, go to the **Application & Pricing page** and click on the **Application Fee PayPal button** to *pay the \$40 non-refundable Application Fee* using any credit or debit card via the secure PayPal website.
2. **Download, print, fill out, sign, Application pages 1 and 2.**
3. **All first-time applicants, any alumni who did not participate in the program in Spain in 2017 and 2018, or any alumni who wants to sing a different voice part will need to proceed to step 4. Alumni who have participated in either 2017 or 2018 may skip step 4 and continue onto step 5.**
4. In person meeting for vocal assessment in PROVIDENCE, RI, online SKYPE, ZOOM, or FaceTime meeting, OR audio file recording: **All first-time applicants, alumni who did not sing in Spain, or alumni requesting to sing a different voice part must either schedule an in person meeting in Providence, OR, an online via SKYPE, ZOOM, FaceTime, OR email a recorded audio file.** If recording an audio file, please state your name, voice part, and your intention to participate in the Umbrian Serenades Baroque Sicily summer program, and vocalize in all three registers (low, middle, and high), using scales and arpeggios on different vowels, encompassing your entire vocal range. **Please email all recording files as attachments to: umbrianserenades@gmail.com**

IMPORTANT: If emailing a recording, please be sure to listen to it to make sure it actually recorded and your voice can be heard before sending. **Do not forget to announce your name, voice part, your intention to be part of the Umbrian Serenades 2019 BAROQUE SICILY program,** and include the **vocalizations** on your recording.

In person vocal assessments are scheduled after the non-refundable application fee has been paid through the website (Application & Price page) and filled out application pages 1 and 2 are received in the mail at the below address. **You will then be contacted to confirm receipt of your materials and/or schedule an in person vocal assessment which consists of vocalizations and warm ups. There is no sight-singing.**

5. **Please mail your filled out and signed application pages 1 and 2 to:**

**Paulo Faustini
Umbrian Serenades, LLC
214 Rochambeau Ave, #2
Providence, RI 02906**

Thank you for your interest in UMBRIAN SERENADES.



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APPLICATION Page 1

PERSONAL INFORMATION (PLEASE PRINT CLEARLY!)

First name: _____ Last name: _____

City: _____ State: _____ Zip: _____

Cell phone number: _____ Landline number: _____

Email _____

Male: _____ Female: _____

Fastest way to be contacted: email () cell phone () text () landline ()

Age group (circle one): 18-29 30-39 40-49 50-59 60+

Current profession or industry you have worked in: _____

Please check voice parts you are willing to sing:

S1 _____ S2 _____ A1 _____ A2 _____

T1 _____ T2 _____ B1 _____ B2 _____

RECENT CHORAL EXPERIENCE - including organizations & directors:



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APPLICATION PAGE 2

Please check all that apply: 1st year 2019 applicant ()

Previous program participant: 2006() 2007() 2008() 2009()
2010() 2011() 2012() 2013() 2014() 2015() 2016()
2017() 2018()

How did you hear about UMBRIAN SERENADES?

Friend () Voice Teacher () Choir Director: () Name: _____
FaceBook () Online Advertising ()

Please mark whatever applies:

I'd like to bring a non-singing travel companion: YES () NO ()

Travel Companion's name: _____

We would prefer: 1 ONE SHARED BED () 2 SEPARATE BEDS ()

I would like to request a single room, if available: ()

I would like to share a room with another person and understand there are no guarantees of another participant being available to room with. Therefore, I will pay the single supplement by the program payment deadline. I also understand that there are no guarantees I will get along with an assigned roommate and am aware of the risk of rooming with someone I do not know. ***Please note, the program discourages curmudgeons and grumpy personalities! ()

Vocal Assessment Intention:

I will be emailing a recorded audio file with this application: ()

I would like to schedule an in person meeting in Providence, RI: ()

I would like to schedule an online SKYPE, ZOOM, or FaceTime meeting: ()

Please tell us anything you think we should know about you: _____

Applicant's signature (ALL APPLICANTS)

Date