

Camille Coloratura Awards

- In Memoriam of Camille Julig Herman -

First Name: _____ Last Name: _____

Legal Name (if different): _____

Voice Part: _____ Date of Birth: ___ / ___ / _____

Are you a US Citizen: Yes No Current City: _____

Cell Phone: (____) _____ - _____ Email: _____

Division: Student Artist Accomplished Virtual

List Schools, Degrees and Graduation Dates:

	School	Degree	Year Graduated
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Have you previously attended any apprentice or young artist's programs?

Yes No

If so, when and where? _____

	Composer	Opera/Oratorio/Art Song	Aria
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Save registration and email it as an attachment along with the following:

- One Page Resume
- Proof of Age
- Digital Photo
- Link to Audition

Send to: Auditions@CamilleColoraturaAwards.com

Pay registration fee via Paypal directly on the website.

\$20 for Student Division

\$30 for Artist Division

\$30 for Accomplished Division

\$20 for Virtual