



LYRIC OPERA

KANSAS CITY

West Side Story AUDITIONS REGISTRATION FORM

ENTER INFORMATION						
Name:						
Address:						
Phone:						
Email:						
Voice Type: <input type="checkbox"/> Soprano <input type="checkbox"/> Mezzo-Soprano <input type="checkbox"/> Tenor <input type="checkbox"/> Baritone <input type="checkbox"/> Bass/Baritone <input type="checkbox"/> Bass						
Measurements: Height _____ Weight _____ Chest _____ Waist _____ Hips _____						
Are you legally authorized to work in the Unites States? _____						
Auditioning For:						

Return your registration form along with your headshot, resume and bio to Sarah Zsohar by no later than **Friday, May 11, 2018**. Submit via email to szsohar@kcopera.org or via mail to Lyric Opera of Kansas City, Attn: Sarah Zsohar, 1725 Holmes Street, Kansas City, MO 64108.

Questions? Contact Sarah Zsohar at szsohar@kcopera.org.

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