



Assabet Valley Mastersingers

Dr. Robert P. Eaton, Artistic Director

Through the use of personal, expressive vocal music, AVM enriches the quality of life for the people of the Assabet River Valley. With a commitment to performance excellence and innovative programming, local talented vocalists and instrumentalists perform celebrated masterworks, lesser known masterworks and commissioned works.

ASSABET VALLEY MASTERSINGERS

HIGH SCHOOL APPRENTICE SINGER PROGRAM

Application

- **Perform in concert with the Assabet Valley Mastersingers**
- **Perform some of the great choral masterworks**
- **Perform with mature singers, professional soloists, and professional accompaniment**
- **Have the normal membership dues waived.**
- **Will have all music scores required for performance provided.**

Name: _____ E Mail _____

Address: _____ Phone _____

_____ Voice part S1 S2 A1 A2 T1 T2 B1 B2

School: _____ YOG _____

Choral Director: _____ E Mail _____

Address: _____ Phone _____

To be completed by the Choral Director:

I recommend (student name) _____ for the Assabet Valley Mastersingers' High School Apprentice Singer Program. In my opinion he/she has the vocal maturity, personal discipline, motivation, and musical desire to benefit from and contribute to an experience of singing choral masterworks with an adult community chorus.

Signature Director _____ Date: _____

(OVER)

To be completed by the student:

Musical instruction: _____

Choral Experience: _____

If accepted into the Assabet Valley Mastersingers' High School Apprentice Singer Program I agree to participate fully in the:

___ 2011-2012 concert season ___ Nov. Concert ___ March Concert ___ May Concert

I will:

- attend regular Monday evening rehearsals 7:30-9:45
- come to rehearsals and concerts musically prepared
- provide my own transportation
- provide my own concert attire: Men Tuxedo, Women full-length black dress

I understand that all music will be provided by AVM and all membership dues are waived.

Signature Student _____ Date: _____

To be completed by the Parent/Guardian:

I, the above named students' parent/guardian approve of and support his/her participation in the Assabet Valley Mastersingers' High School Apprentice Singer Program.

Signature Parent/Guardian _____

Date: _____

Complete and return this form to: Dr. Robert Eaton, 146 Stiles Road, Boylston, MA 01505

Deadline: September 15, 2011