



# 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:

\_\_\_ Spring 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