

VICTORIAN OPERA

VOYCE Youth Opera Program 2027

VOYCE Youth Opera Program re-imagines the potential of opera and music theatre for young, aspiring singers through regular training and a range of performance opportunities.

- Auditions will be held on Tuesday 10th November and Wednesday 11th November from 4.00 pm to 7.00 pm.
- Registrations will close at 5.00 pm on Friday 30 October.
- You will be notified of your audition time by Friday 6 November.

Two contrasting works are required, with at least one work in English. A pianist will be available for accompaniment and time will be given to rehearse with the pianist prior to the audition. Applicants may be asked basic musicianship questions regarding their repertoire and demonstrate their vocal range.

Before you register, ensure you have read and agree to the VOYCE Terms of Participation available which are attached.

For further information or for assistance with completing these forms, please contact us via the details below:

email: voynce@victorianopera.com.au
(Monday - Friday 10.00am – 5.00pm)

I have read and understood the above VOYCE Youth Opera Program Terms of Participation. Where I have not understood or been unclear as to the meaning of any part, I have sought clarification from the VOYCE Administrator at Victorian Opera. I acknowledge and accept that failure to meet attendance obligations, payment of fees by due dates and adhering to Safety Requirements as listed above, may lead to withdrawal from the 2027 season of VOYCE Youth Opera Program.

Participant Name: _____

Participant Signature: _____

Date: _____

Parent/Guardian name: _____

Parent/Guardian signature: _____

Date: _____

Horti Hall, 31 Victoria St, Naarm / Melbourne, VIC 3000, Australia | PO Box 524, Carlton South, VIC 3053 | Telephone +61 3 9001 6400

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Patron-in-Chief, Her Excellency Professor
the Honourable Margaret Gardener, AC



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VICTORIA



ABN 56 116 549 798

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VOYCE Season 2027 Audition Registration Form

Please ensure you complete all the fields below and sign and date before returning to Victorian Opera's VOYCE Administrator

Participant

Registrant Name: _____

Date of Birth: _____ Age: _____

Preferred Pronouns: _____

Voice type: _____

Have you read the VOYCE Terms of Participation document? (Yes or No): _____

Do you agree with the VOYCE Terms of Participation document? (Yes or No): _____

Registrant Address: _____

Registrant Email: _____

Registrant Mobile Number: _____

Medical or Access Requirements: _____

Previously Auditioned for VOYCE? (Yes or No): _____

If YES what year?: _____

Educational Institution: _____

Singing Teacher: _____

Emergency Contact

Name: _____

Mobile Number: _____

Relationship to Registrant: _____

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