

Opera Programs Berlin  
presents

# Trans\*Voices Masterclass

with Dr. Stephanie Weiss

## APPLICATION FORM

\*\*All information provided in this form will be kept strictly confidential, and will be used solely for selection of participating artists and for the producers' and clinician's preparation.\*\*

\*\*Please feel free to attach additional documents if longer responses or explanations are needed for any question.\*\*

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Voice Type: \_\_\_\_\_

Have you gone through a vocal transition? ☐yes ☐no ☐currently transitioning

Have you done hormone replacement therapy? ☐yes ☐no If yes, for how long? \_\_\_\_\_

Masterclass Repertoire:

First Aria/Song: \_\_\_\_\_

Second Aria/Song: \_\_\_\_\_

Please briefly describe your classical voice experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will this masterclass help you further your goals in classical singing? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about you? \_\_\_\_\_

\_\_\_\_\_

Do you consent to Opera Programs Berlin's use of your name and headshot in promotional material for this masterclass? ☐yes (please attach headshot) ☐no

Opera Programs Berlin is committed to maintaining the safety of all participants. Would you prefer your identity to be kept confidential throughout the masterclass (i.e. name not used/alias used, not appearing on camera publicly, etc)? ☐yes ☐no

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Signature

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Date