

VMTA DISTRICT AUDITIONS APPLICATION FORM

Please fill out this form completely. Incomplete applications will not be accepted.

DEADLINE: Deadlines are determined by Local Chairmen

DISTRICT CHECK ONE: Central ____ Eastern ____ Northern ____ Southwestern ____ Valley ____

DATE OF DISTRICT AUDITIONS _____ **APPLICATION DEADLINE** _____

LOCATION _____ **APPLICATION FEE** _____

STUDENT'S NAME _____ Level _____

Address _____ Phone _____

Age _____ Grade in School Next Fall _____ School Name _____

Instrument _____ Theory Level Passed _____ Sight Reading Level _____

Teacher's Name _____ Phone _____

Teacher's email address _____

Length of time studied with this teacher _____

REPERTOIRE:

<i>Composer</i>	<i>Title</i>	<i>Exact Timing</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please refer to the VMTA Yearbook for time limits in each level and additional information.

Teachers, parents and students agree to abide by the rules of this event. Judges' decisions will be final.

TEACHER'S SIGNATURE

PARENT'S SIGNATURE

STUDENT'S SIGNATURE