

Teacher's Name _____ Phone Number _____

Total Number of Solo Performers _____

Total Number of Duet Performers _____

Check # _____ Amount Enclosed _____

I will be available to assist with the following (Please indicate all possibilities):

- _____ Judge a.m. / p.m.
- _____ Monitor a.m. / p.m.
- _____ Food Preparation
- _____ Other (phone calls, certificates, mailings, sorting)
- _____ Room Set Up
- _____ Room Clean Up

In the event that you are asked to Judge, please indicate your qualifications / preferences (circle all possibilities):

Primary Elementary Intermediate Advanced

LUNCH

I WILL _____ WILL NOT _____ be attending lunch on the day of the Festival.

CERTIFICATES

Certificates will be distributed to all participants on the day of the Festival unless you request otherwise.

_____ Please hold my certificates and I will distribute them to my students.

- Please return this form along with:
- 1) Your completed student information form(s)
 - 2) Two judging sheets for each participant
 - 3) One teacher check made payable to RMTA

Mail by October 19, 2009 to:

Lynn Redford
11011 Pennway Drive
Richmond, VA 23236

(Committee use only: Student No. _____ Room No. _____ Audition Time: _____)

Please Print or Type!

*Level _____ Student Name _____ Telephone _____

Student Age _____ Present Grade in School _____ **Years Studied _____

Category Entered: Piano Organ Voice Brass Woodwinds
Strings Percussion Classical Guitar Other _____

.....
*****Contemporary Composition**

Traditional Composition

Title _____

Title _____

Composer _____

Composer _____

Approximate length: Min _____ Sec _____

Approximate length: Min _____ Sec _____

***Please identify at least one contemporary device used in this piece:

PIANO SOLO compositions must be of two different composers.

.....
Teacher's Name _____

Telephone _____ E-mail _____

Address _____

(City and Zip)

.....
Committee Use Only: Teacher Number

.....
*See Yearbook for Level Assignments.

**Be sure to indicate the total number of years a student has played, including any study from previous teachers.

***See Yearbook for list of Contemporary Devices.

(Committee use only: Student No. _____ Room No. _____ Audition Time: _____)

Please Print or Type!

Student No. 1

Student No. 2

*Level _____ Student Name _____

*Level _____ Student Name _____

Age _____ Present Grade in School _____

Age _____ Present Grade in School _____

**Years Studied _____

**Years Studied _____

Part: Traditional -- primo secondo

Part: Traditional -- primo secondo

Contemporary -- primo secondo

Contemporary -- primo secondo

.....
*****Contemporary Composition**

Traditional Composition

Title _____

Title _____

Composer _____

Composer _____

Approximate length: Min _____ Sec _____

Approximate length: Min _____ Sec _____

***Please identify at least one contemporary device used in this piece:

PIANO SOLO compositions must be of two different composers.

.....
Teacher's Name _____

Telephone _____ E-mail _____

Address _____

(City and Zip)

.....
Committee Use Only: Teacher Number

.....
*See Yearbook for Level Assignments.

**Be sure to indicate the total number of years a student has played, including any study from previous teachers.

***See Yearbook for list of Contemporary Devices.

VMTA STATE MUSIC FESTIVAL 2009

Teacher Number _____

Instrument _____ Level _____ Student Number _____

Room No. _____ Judge No. _____ Student Age _____ Years of Study _____

.....
CONTEMPORARY

TRADITIONAL

Title _____

Title _____

Composer _____

Composer _____

One Contemporary Device used in this piece: _____

PERFORMANCE SKILLS

artistry
poise, stage deportment
memory
projection

TECHNIQUE

accuracy
rhythm
clarity, legato, staccato
tonal contrast, balance
dexterity, smooth transitions
management of the instrument
breath control
diction
bowing
fluency between registers
hand position
intonation
pedaling

INTERPRETATION

phrasing, slurs
tempo
mood
tone color
rubato
ornaments
registration

GENERAL COMMENTS

RATING (Circle One): SUPERIOR EXCELLENT VERY GOOD GOOD FAIR

THEORY APPLICATION

STUDENTS		Level Last Year	P A S S	F A I L	Level This Year	Fee
Please list students in order by TEST LEVEL NOT alphabetically!						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
					Total	\$

- \$8 for one test; \$10 for two tests
Make check payable to **RMTA** and send to Hope Armstrong Erb, 3404 Noble Avenue, Richmond, VA 23222. **POSTMARK DEADLINE: Saturday, January 23, 2010**
 Odd-numbered tests will be given at **9 a.m.** (primer, 1A, 1B, 3A, 3B, 5, 7, 9, 11)
- Even-numbered tests will be given at **10:30 a.m.** (2A, 2B, 4, 6, 8, 10, 12)
- Theory and Ear Tests will be given **one time**, so encourage your students to be there on time.
- Parents must wait in the auditorium, not in rooms or hallways, by order of Fire Dept.

Teacher _____ Telephone: _____
 Address _____ City _____ St _____ Zip _____

Teacher Responsibility: I CAN assist from _____ to _____ on the day of the test. **(Form will not be processed without teacher time commitment.)**

List Total number of tests at each level:

Primer _____ 1A _____ 1B _____ 2A _____ 2B _____ 3A _____ 3B _____ 4 _____
 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____

RMTA BACH COMPETITION APPLICATION

NAME _____ PHONE _____

SCHOOL _____ GRADE _____

TEACHER'S
NAME _____ PHONE _____

TEACHER'S
ADDRESS _____

CITY/STATE _____

TEACHER'S E-MAIL ADDRESS _____

BACH
PIECE _____ LENGTH _____

CHOICE
PIECE (title/composer) _____ LENGTH _____

CIRCLE ONE:

Primer Level (Grades 3 and below) Level 1 (Grades 4-6) Level 2 (Grades 7-9) Level 3 (Grades 10-12)

ENCLOSE PER STUDENT:

1. THIS COMPLETED APPLICATION FORM
2. A \$20.00 ENTRY FEE (TEACHER'S CHECK ONLY – PAYABLE TO RMTA)

NOTE: THERE IS NO NEED TO SEND JUDGING SHEETS

PLEASE MAIL TO:

Ruta Smedina-Starke
2637 Coachouse Lane
Richmond VA, 23233

IT IS THE RESPONSIBILITY OF THE TEACHER, COACH, ENTRANT AND PARENT OR GUARDIAN TO ABIDE BY ALL THE RULES AND REGULATIONS FOR RMTA, VMTA AND MTNA STUDENT COMPETITIONS. BY SIGNING BELOW, I ACCEPT THAT THE JUDGES' DECISIONS ARE FINAL. ANY SOLICITATION OF THE JUDGES, THE CHAIRPERSON OR FAILURE TO MEET THE RULES AND REGULATIONS FOR RMTA, VMTA AND MTNA STUDENT COMPETITIONS BY A TEACHER, PARENT, OR STUDENT MAY AFFECT A TEACHER'S GOOD STANDING WITH THE RMTA AND DISQUALIFY THE ENTRANT.

SIGNED _____ (TEACHER)

_____ (PARENT)

POSTMARK DEADLINE: FEBRUARY 8, 2010

Central District Auditions Application

Student's Name _____

Age _____ Grade in School Next Fall _____ Teacher _____

Length of time student has studied with this teacher _____

Student's Address _____

Level of Theory Test Passed _____ Level of Sightreading Test Passed _____

Level Entering Central District _____ Instrument _____

Repertoire:	Composer	Exact Timing
-------------	----------	--------------

1. _____

2. _____

3. _____

Playing Times:

Level IA	5 Minutes
Level IB	10 Minutes
Level II	15 Minutes
Level III	20 Minutes

Please note that total playing time may be less than this.
If playing time is longer than the time allotted, the judges
may stop the student.

General Information:

Please send one application per student and enclose a check made payable to VMTA. Only teacher's check will be accepted. The fee is \$20.00 per student. Send applications and check to:

Jennifer Scott
12701 Storrow Road
Richmond, VA 23233

POSTMARK DEADLINE: April 22, 2010

Further information can be found on the Central District Auditions page of the RMTA Yearbook and the VMTA District Auditions page in the VMTA yearbook.

**SUMMER MUSIC CAMP
SCHOLARSHIP APPLICATION FORM**

Student's Name _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____

School Name _____ Grade _____

Parent's Name _____ Phone _____

Address _____

RMTA Recommending Teacher _____

Instrument/Subject studied with RMTA Teacher _____ No. of Years _____

List Other Instruments Studied, Number of Years, and Teacher's Name:

Participation in Musical Organizations and Number of Years in each:

Performances at School, Church, or Other:

Music Courses taken in school:

Musical Honors/Awards:

To Be Completed by Parent:

I have read this application and certify that information given here is correct.

Signature of Parent _____ Date _____

Signature of RMTA Teacher _____

Signature of Student _____

Name of Summer Music Camp to which you are applying _____

Mailing Address of Camp _____

Number of weeks _____ Tuition Fee _____

Please return this application along with the teacher recommendation and student essay, to:

**Betsy Cole Wells
4524 Fitzhugh Avenue
Richmond, VA 23230**

Postmark Deadline: May 15, 2010