

# 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 \_\_\_\_\_

School Grade \_\_\_\_\_ Age \_\_\_\_\_ School Name \_\_\_\_\_

Instrument \_\_\_\_\_ Theory Level Passed \_\_\_\_\_ Sight Reading Level \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Phone \_\_\_\_\_

Teacher's 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