ALABAMA MUSIC TEACHER'S ASSOCIATION
DISTRICT AUDITIONS APPLICATION
2017

Send to the appropriate chairman for each audition by the application deadline (see AMTA *SoundBoard*): **Two** copies of this application, and for each student listed below, **one** completed Audition Form with the correct theory sheet attached for **District** Auditions. Complete all forms **IN FULL**. Send a self-addressed stamped envelope **(NO POSTCARDS)** - one application copy will be returned with the audition times. See your AUDITIONS HANDBOOK for all requirements at each Audition Level or check with the Auditions Chairman for additional information. Please **TYPE OR PRINT LEGIBLY**. Leave bold or doubled boxes BLANK!

CODE: Teacher's Name_____

Address_____ City_____ State_____ Zip_____

Email Address (es)_____

Telephone_____ **AMTA** dues paid on: _____/_____/_____

Audition Level: Pre-college ☐ District ☐ District # _____ Location _____
District City _____

(List Alpahetically by **Division**) STUDENT'S NAME	DIV	AGE		CODE	TIMES FRI	TIMES SAT	GRADES PERF	GRADES THRY	ELIG STATE

Please sign after the following statement: My signature verifies that every student entered here is taught by me:
Signature: _____

Teacher Registration Totals

	Solo
Division I	_____
Division II	_____
Division III	_____

Make one check payable to Auditions Chairman by name (not AMTA).

Total _____ @ $25.00 = $ _____

****All students MUST have his/her own original form of the music he/she performs—no sharing.****

District Chair Only:

	Participants	Elig. for State
Division I	_____	_____
Division II	_____	_____
Division III	_____	_____
TOTALS:	_____	_____