

ALABAMA MUSIC TEACHER'S ASSOCIATION
DISTRICT AUDITIONS APPLICATION
2018

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 Alphabetically by Division) STUDENT'S NAME	DIV	AGE		CODE	TIMES		GRADES		ELIG STATE
					FRI	SAT	PERF	THRY	

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 _____

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: _____	_____