

**ALABAMA MUSIC TEACHER'S ASSOCIATION**  
**STATE 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. The winner's recital choice piece must be marked before your students can be scheduled. 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**. 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  State  District # \_\_\_\_\_ Location \_\_\_\_\_  
 District City \_\_\_\_\_

(List Alphabetically by Division) STUDENT'S NAME	T-SHIRT SIZE	DIVISION	AGE	HOMETOWN	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: \_\_\_\_\_

Make one check payable to AMTA.

**Teacher Registration Totals**

Solo	Concerto	Total _____ @ \$25.00 = \$ _____
Division I _____	_____	<b>**All students MUST have his/her own original form of the music he/she performs—no sharing.**</b>
Division II _____	_____	
Division III _____	_____	

**District only:**  
 Participants Elig. for State

Division I	_____	_____
Division II	_____	_____
Division III	_____	_____
<b>TOTALS:</b>	_____	_____