ALABAMA MUSIC TEACHER'S ASSOCIATION
STATE AUDITIONS APPLICATION
2019

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 FRI	TIMES SAT	GRADE: PERFORMANCE

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

Total_____@ $25.00 = $ _____

	Solo	Concerto
Division I	_____	_____
Division II	_____	_____
Division III	_____	_____

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