ALABAMA MUSIC TEACHERS ASSOCIATION
CONCERTO AUDITIONS APPLICATION
2020

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. 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) _____

Phone(s) _____ AMTA dues paid on _____/_____/_____

Pre-college ☐ College ☐ District # _____ Location _____

District City _____

(List Alphabetically by Division) STUDENT NAME	T-SHIRT SIZE	DIVISION	AGE	HOMETOWN	CODE	TIMES		GRADE
						FRI	SAT	

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

Pre-College:	**Concerto**	**College:**	**Concerto**
Division I	_____	Lower	_____
Division II	_____	Upper	_____
Division III	_____	Graduate	_____

Total _____ **@ $25.00 = $** _____**.**

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