ALABAMA MUSIC TEACHER'S ASSOCIATION
DISTRICT/STATE AUDITIONS APPLICATION
2010

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. For **State** Auditions, the winner's recital choice piece must be marked before your students can be scheduled. Note, the same forms are used for all AMTA 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**. 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 _____
College ( ) State ( ) District City _____

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

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

District and State
Students Registered:

	Solo	(State Only) *Concerto*
Division I		
Division II		
Division III		

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

Total _____ @$**20.00** = $ _____

Copy this form–DO NOT use original.

District only:

	Participants	Elig. for State
Div I		
Div II		
Div III		
TOTALS:		