Teacher/Student Code (ex. T-5): _____



STUDENT ENTRY FORM - LVMTA PRELIMINARY AUDITIONS

2023 Dorothy Sutton Performance Festival

Please type or print clearly

STUDENT'S NAME: _____ AGE (as of 11/1/23): _____

SCHOOL GRADE: LENGTH OF STUDY: INSTRUMENT:

Check here if sibling(s) are entered:
Time Request (if necessary):

For 2023, please check either / both box(es). If eligible to play in the State Showcase Recitals:

• I will attend Local Showcase Recital on Sun, 10/8/23 You will be assigned to play in either the 1:00 or 3:00 recital held in Peter Hall at Moravian University. (\$13 non-refundable fee due later) • I will attend the State Showcase Recital on Sat, 11/4/23 (IUP) (No fee)

THEORY TEST: (check one)

Alto Clef (P-6)	Bass Clef (P-6) 0	Guitar (P-6) 🏻	Piano (P-8) 🏾	Treble Clef (P-6)
Vocal Bass Clef (P-4) 0		Vocal Treble Clef (P-4)		

THEORY TEST LEVEL: (check one) Po 1o 2o 3o 4o 5o 6o 7o 8o

REPERTOIRE: Check guidelines on pamusicteachers.org. Please include Op. No, tempo, or name of movement. Total playing time MUST BE PRECISE! Note: Students using "copied" music or who have "no music" will automatically be disqualified! For computer-generated music, please use the "Photocopy Release" form found on the local and state websites.

Composer	Name of Composition	Playing Time
1)		
2)		
TEACHER'S NAME:	PHONE:	
All teachers entering students at the I <u>WILL</u> be available at the Local A	Iocal level are expected to assist on the day of the audition Auditions for: Monitoring □ Theory Room □ Oth e Local Auditions (complete information below for a n	ner
Name of Substitute:	PHONE:	

Substitute's Email:

TEACHERS ARE TO SUBMIT TO THE LOCAL DSPF CHAIRPERSON:

- 1. One Application for each student with the Teacher Code on the top right (see Teacher Code List for details).
- 2. One Judge's Rating Sheet for each student. Fill out the student's first name only, their repertoire, and the Teacher Code on the top right.
- 3. A roster of student applicants listed in alphabetical order complete with the Teacher Code. Include each duet / ensemble as one separate entry.
- 4. One check for your total studio fees made payable to LVMTA.
- 5. Photocopy Release, if necessary.
- 6. Send the above to Darlene Ziegler. Address available in Member Directory. Contact below, if needed.

TEACHER'S AUTHORIZATION SIGNATURE: