

Teacher Application Form for Student Auditions, page 2

I have students in the following classifications: (list the no. of students entering each classification, refer to Guidelines)

High School Levels

1. Beginning girls	_____	2. Beginning boys	_____
3. Advanced girls	_____	4. Advanced boys	_____

High School Musical Theatre Levels

21. Beginning girls	_____	22. Beginning boys	_____
23. Advanced girls	_____	24. Advanced boys	_____

College-University Levels

5. First year Women	_____	10. Third year Men	_____
6. First year Men	_____	11. Fourth year Women	_____
7. Second year Women	_____	12. Fourth year Men	_____
8. Second year Men	_____	13. Advanced Women	_____
9. Third year Women	_____	14. Advanced Men	_____

Adult Levels

15. Lower Women	_____	17. Upper Women	_____
16. Lower Men	_____	18. Upper Men	_____
19. General	_____	20. Young Artist	_____

Musical Theatre Levels

25. 1 st year women	_____	26. 1 st year men	_____
27. 2 nd year women	_____	28. 2 nd year men	_____
29. 3 rd year women	_____	30. 3 rd year men	_____
31. 4 th year women	_____	32. 4 th year men	_____
33. Advanced women	_____	34. Advanced men	_____

Total number of student entries _____

I am _____ am not _____ willing to judge musical theatre classifications.

Mail all completed forms and fees to;

Dr. Thomas L. Rowell
LPAC 1131 Department of Music
307 USA Drive North
Mobile, AL 36688

Student Application Form, National Association of Teachers of Singing Alabama Chapter

Your teacher must mail this form to the registrar along with all appropriate fees no later than **February 5, 2010**.

Name: (Please print clearly) _____

Age: _____ Years of study past high school, or if high school, years of study at that level _____

School: _____

Current Mailing address: _____

Street City State Zip

Email address: _____

Phone: () _____ - _____ Registration fee paid () Accompanist fee paid ()

Voice Teacher's Name: _____

Former NATS teachers, if any: _____

Classification number: _____ and description: _____

_____ I am also entering a musical theatre category. (you must complete a separate entry form for each.)

Accompanist's Name: _____

Please make three photocopies of the information below the dotted line. Bring the completed photocopied forms to your audition and present them to the judges. RETURN YOUR FORMS AND FEES TO YOUR TEACHER FOR MAILING before February 5, 2010.

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NAME: _____ **AGE:** _____

Years of study past high school, or if high school level, years of study at present level: _____

Classification number: _____ **Description:** _____

Repertoire Information (For Classification 20, Use a separate sheet): **LIST YEAR OF PREMIERE FOR ALL MUSICAL THEATRE CLASSIFICATIONS.**

Composer	Titles of Songs/Arias	Name of Work/year (Opera or Musical)

Note: **Accompanists may play for a maximum of 12 singers.** The accompanist's name MUST be included above and correct. – if left blank or changed at a later date, the applicant's registration is incomplete and can be rejected. If a staff accompanist is needed, please indicate this in the blank above and enclose the appropriate fee: (Circle one) \$13 for Classifications 1-8, 15-16, 21-24, 25-32; \$20 for Classifications 9-14, 17-19, 33-34; \$25 for Classification 20.) No fees will be refunded after the postmark deadline.