

PLEASE GROUP THE ENTRIES BY VOICE PART

2018 ALL-STATE JH CHORUS EMERGENCY AUDITION APPLICATION

School _____

Special Requests: _____

Director _____

PO Number _____

Which Region Audition Site will you attend?

Northeast Quad ___ Southeast Quad ___

Northwest Quad ___ Southwest Quad ___

THE CORRECT AUDITION FEE OR VALID SCHOOL PURCHASE ORDER MUST ACCOMPANY THE ENTRIES. SEND NO CASH THROUGH THE MAIL. (\$100.00 per student.)

CERTIFIED MAIL IS RECOMMENDED. (You may bring this to the audition site, with payment.)

Applications must arrive before the date of the first quadrant audition, or call the JH Chorus Chair to announce your intention to bring the applications to the site. Applications must include the audition fee of \$100.00 (One hundred dollars) per student entry.

Region auditions are scheduled for October 28, 2017 in your geographic quadrant. See web site for details.

Please type or print the information below:

Name of voice section for all students below _____ (Sop, Alto, Ten, Bass) _____ I OR II

NAME OF STUDENT

1. _____

9. _____

2. _____

10. _____

3. _____

11. _____

4. _____

12. _____

5. _____

13. _____

6. _____

14. _____

7. _____

15. _____

8. _____

16. _____

TO BE COMPLETED BY THE DIRECTOR (PLEASE TYPE (TYPE OR PRINT))

Director's Name _____

School Address, City, Zip _____

Home Address, City, Zip _____

School Phone () _____ Home Phone () _____ FAX () _____

ACDA Membership Number _____ Exp Date: _____ e-mail: _____

I recommend the students listed above as persons and performers suitable for membership in the All-ACDA Chorus. I understand that my students may audition only if I am present at the audition site. I certify that I am a current member of ACDA/OCDA. I also certify that a student will not audition if academically ineligible according to OSSAA rules.

Director's Signature _____ Date _____

TO BE COMPLETED BY SCHOOL PRINCIPAL

I certify that these students are eligible to audition for the All-OCDA Chorus. This eligibility meets the requirements set by the Oklahoma Secondary School Activities Association.

Date _____ Signature of Principal _____

Call your Quad Chair of Auditions in advance, and bring this completed application with you.
Make duplicate copies of this application if necessary.

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