

# DIRECTOR'S AUDITION FORM

**THIS FORM MUST BE SUBMITTED BY EACH DIRECTOR ALONG WITH THE STUDENT APPLICATION FORMS.  
APPLICATIONS NOT ACCOMPANIED BY THIS FORM WILL BE REJECTED.**

SCHOOL NAME: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_

DIRECTOR'S NAME: (Print) \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_  
By signing, I attest that I hold Pennsylvania certification in music and am employed by the public school district named above; therefore, a member of the Music Educators of Berks County.

## DO NOT SEND CASH

Number of "on time" applications enclosed:		x \$4.00 each =	\$
Number of "late" applications enclosed:		x \$8.00 each =	\$
Total amount of check enclosed (DO NOT SEND CASH):			\$

### Circle Payment Method:

Check Enclosed (A single check is preferred.)

Purchase Order Enclosed\*

Make check payable to: "Music Educators of Berks County"

<b>*If a check is not enclosed you <u>must</u> enclose a copy of your school's purchase order and indicate PO# here):</b>	PO#
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### AUDITION PREFERENCE

(Indicate instrument or voice part)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### FESTIVAL SUGGESTIONS

If you have any suggestions for guest conductors or pieces for future festivals, please complete:

CONDUCTOR: \_\_\_\_\_ PHONE or EMAIL: \_\_\_\_\_ JR SR

CONDUCTOR: \_\_\_\_\_ PHONE or EMAIL: \_\_\_\_\_ JR SR

TITLE OF PIECE: \_\_\_\_\_ COMP. /ARR.: \_\_\_\_\_ JR SR

TITLE OF PIECE: \_\_\_\_\_ COMP. /ARR.: \_\_\_\_\_ JR SR

**UPDATED: 09.09.07 SOURCE: <http://www.berksmusic.com/directormainform.pdf>**

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