

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 \$5.00 each =	\$
Number of "late" applications enclosed:		X \$10.00 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"

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

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: 08.15.14 SOURCE: <http://www.berksmusic.com/directormainform.pdf>

[To Main Menu](#)