

NEBRASKA MUSIC TEACHERS ASSOCIATION 2008 STATE FESTIVAL - ENTRY BLANK

FESTIVAL ENTRY FEES: \$18.00 each solo entry \$25.00 per ensemble
POSTMARK DEADLINE: September 9, 2008
STATE FESTIVAL DATES: Saturday, October 18, 2008 and Sunday afternoon, October 19, 2008
STATE FESTIVAL LOCATION: Nebraska Wesleyan University, Lincoln
STATE FESTIVAL CHAIR: Lisa Albee, 1623 Lariat Lane, Grand Island, NE 68803
 308-381-8060 lbalbee@msn.com

Teachers: Fill in all blanks (please **print** legibly). Make one check payable to Nebraska Music Teachers Association to cover the total fees for all students entering the Festival from your studio. Send entry blanks, teacher participation form and check to the State Festival Chair no later than the entry postmark deadline.

STUDENT LAST NAME:					TELEPHONE: ()				
STUDENT FIRST NAME:					PERFORMANCE FIELD: (Specify piano, violin, voice, ensemble etc.)				
E-MAIL:									
Can parent monitor? If yes, name of parent(s)									
LEVEL <i>(circle one)</i>	1A	1B	2A	2B	3A	3B	4A	4B	Honors theory
LEVEL <i>entered district festival</i> (circle one)			1A	1B	2A	2B	3A	3B	4A 4B

FESTIVAL SCHEDULE: Please circle ALL possible times you could play. Performance times will be assigned by the Festival Chair. Preferences will be honored as space and time permit.

Saturday Early A.M.	Saturday Mid A.M.	Saturday Late A.M.	Saturday Early P.M.	Saturday Mid P.M.	Saturday Late P.M.
/			Sunday Early P.M.	Sunday Mid P.M.	Sunday Late P.M.

REPERTOIRE: Refer to NMTA Revised 2005 Student Festival and Competition Manual for information on requirements.

TITLE	KEY	COMPOSER	PERIOD

LENGTH OF STUDY WITH PRESENT TEACHER (yrs/mos)		TOTAL STUDY (yrs/mos)	
Are you entering more than one performance field?			
Do you have brothers and/or sisters entering the Festival also?		If yes, list names, levels and performance fields :	

Accompanist's name (if applicable)
List any special equipment requests:

TEACHER'S NAME:			TELEPHONE: ()		
ADDRESS:	Number & Street				
	City		State	Zip	
E-MAIL:			MTNA (National) MEMBERSHIP #:		

"I AGREE TO ACCEPT THE JUDGE'S DECISION AS FINAL AND WITHOUT QUESTION."

STUDENT'S SIGNATURE _____

TEACHER'S SIGNATURE _____

**NEBRASKA MUSIC TEACHERS ASSOCIATION
DISTRICT FESTIVALS**

PARTICIPATION INFORMATION SHEET

Teachers: Send this completed form, your student entry blanks and one check to cover the total fees for all students entering from your studio to the appropriate District Festival Chair no later than the postmark deadline.

Teacher's name: _____

Phone: _____ **E-mail:** _____
(include area code)

• **Student participation:**

of Level 1A entries: _____ # of Level 1B entries: _____ # of Level 2A entries: _____

of Level 2B entries: _____ # of Level 3A entries: _____ # of Level 3B entries: _____

of Level 4A entries: _____ # of Level 4B entries: _____ # of Ensemble entries: _____

Total Solo entries _____ x \$18.00 = _____

Total Ensemble entries _____ x \$25.00 = _____

(**Check number:** _____) **Total \$\$ enclosed:** _____

• **Teacher participation:**

Time available
(please circle all possible)

Early A.M.

Mid A.M.

Late A.M.

Early P.M.

Mid P.M.

Late P.M.

Duty preferred

Ear training Room monitor _____ Theory Exam Room monitor _____

Theory Grader _____ Office Worker _____ Wherever Needed _____

• **Parent participation:**

List the names of Parent Volunteers with their phone numbers: (include area code)

(Please list at least 1 – more will be accepted.)