

**NEBRASKA MUSIC TEACHERS ASSOCIATION  
NEBRASKA COLLEGIATE COMPETITION**

ENTRY BLANK

**ENTRY POSTMARK DATE:** September 15, 2009  
**STATE COMPETITION DATE:** Saturday, October 17, 2009  
**STATE COMPETITION FEE:** \$25.00 for each solo and/or ensemble entry  
**STATE COMPETITION LOCATION:** University of Nebraska at Omaha  
**STATE COMPETITION CHAIR:** Lisa Albee, 1520 E. 11<sup>th</sup> St., Ogallala, NE 69153  
 308-380-0213 lbalbee@ymail.com

Fill in all blanks (**please type or print**). Teachers, make one check payable to Nebraska Music Teachers Association to cover the total fees for all students entering the Competition. Send entry blanks and one check to the State Chair no later than the entry postmark deadline.

**STUDENT'S NAME** \_\_\_\_\_ **TELEPHONE ( )** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Number & Street City State Zip

**E-MAIL** \_\_\_\_\_ **PERFORMANCE FIELD** \_\_\_\_\_  
Specify piano, violin, voice, ensemble, etc.

**YEAR IN SCHOOL** (fresh., soph., etc.) \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**LENGTH OF STUDY WITH PRESENT TEACHER** \_\_\_\_\_ (yrs./mos.) **TOTAL STUDY** \_\_\_\_\_ (yrs./mos.)

Are you entering more than one performance field? \_\_\_\_\_

**REPERTOIRE:** Refer to NMTA revised 2005 Student Festival and Competition Manual, "American Music Teacher" (Apr./May issue), or [www.mtna.org](http://www.mtna.org) website for information on requirements.

<u>TITLE</u>	<u>KEY</u>	<u>COMPOSER</u>	<u>PERIOD</u>	<u>PERFORMANCE TIME</u>
_____	_____	_____	_____	_____ min.
_____	_____	_____	_____	_____ min.
_____	_____	_____	_____	_____ min.
_____	_____	_____	_____	_____ min.

**Accompanist's name** (if applicable): \_\_\_\_\_

**List any special equipment requests:** \_\_\_\_\_

**COMPETITION SCHEDULE:** Competition times will be assigned by the State Chair. **Please circle the time preferred.** Preferences will be honored only if space and time permit.

**Saturday A.M.**

**Saturday P.M.**

**TEACHER'S NAME** \_\_\_\_\_ **TELEPHONE( )** \_\_\_\_\_

**TEACHER'S ADDRESS** \_\_\_\_\_  
Number & Street City State Zip

**E-MAIL** \_\_\_\_\_ **TEACHER'S MTNA (National) MEMBERSHIP #** \_\_\_\_\_

**THE DECISION OF THE JUDGE(S) IS FINAL AND MAY NOT BE QUESTIONED  
BY STUDENTS, THEIR PARENTS, OR TEACHERS.**