



# ALL-STATE MUSIC FESTIVAL ORCHESTRA APPLICATION for \_\_\_\_\_ Year

Student currently meets all ASAA & TAD  
eligibility requirements to participate.

 YES

 NO

School Name

## STUDENT

Student's Name (please print clearly)

Grade (9-12)

Is the student auditioning for more than one section/group?

 No

 \*Yes. List both: 1)

 2)

\*Note: If both auditions are chosen in the audition process, the higher scoring audition will be selected in consideration of the greater benefit to the performing group.

### Alaska All-State Orchestra Experience:

9th: Vn I \_\_\_ Vn2 \_\_\_ 10th: Vn I \_\_\_ Vn2 \_\_\_ 11th: Vn I \_\_\_ Vn2 \_\_\_

Instrument

### Band Participation for String Bass and Harp

I am willing to participate in the All-State Band. \_\_\_Yes \_\_\_No

### Violin (if submitting a Violin and a Viola audition)

I am willing to participate in the Viola Section if not selected for Violin. \_\_\_Yes \_\_\_No

Solo: \_\_\_\_\_

Composer: \_\_\_\_\_

### Student Oath

If selected, I will come to the ASAA/First National Bank Alaska All-State Music Festival with my music completely prepared. I will attend ALL rehearsals, be prompt, and conduct myself in accordance with ASAA's Code of Conduct at all times. If not, I understand that I may be disqualified from further festival participation and may be sent home immediately. My audition was made without using any electronic keyboard, electronic enhancement, headphones with pitches being played, etc. Each exercise was completed in one recording and was not a spliced compilation of other recordings.

Student's Signature

Date

## PARENT/GUARDIAN AGREEMENT

If selected, my son/daughter has my permission to attend the ASAA/First National Bank Alaska All-State Music Festival. I understand the above rules and obligations which my son/daughter has agreed to follow, and I expect him/her to honor them as stated. If not, I understand that my son/daughter may be disqualified from further festival participation and may be sent home immediately at the school district's discretion.

Parent/Guardian's Name

Parent/Guardian's Signature

Date

## ORCHESTRA/MUSIC DIRECTOR

I attest that the student has not made use of any electronic keyboard, electronic enhancement, headphones with the pitches being played, etc. Each exercise was completed in one recording and was not a spliced compilation of other recordings. The above information is accurate, and I will be responsible for the applicant's learning all music and attending all rehearsals. This student is a member of the school's music program.

Director's Name

Director's Signature

Date

## PRINCIPAL

I understand the plans for the ASAA/First National Bank Alaska All-State Music Festival and approve this application.

Principal's Name

Principal's Signature

Date

## ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.

4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org