



REQUEST for ON-LINE AUDITION to qualify for the STATE SOLO & ENSEMBLE FESTIVAL

Please complete this form for each event needing special consideration for an on-line audition to participate in the current year's State Solo and Ensemble Music Festival.

ABOUT THIS STUDENT OR ENSEMBLE

If a SOLO: First Name _____ Last Name _____ Grade _____

Instrument or Voice Part _____

If an ENSEMBLE, # of Participants: _____ Type of Ensemble: _____ Style of Ensemble: _____

Title of Selection _____ Composer _____

If selection is Musical Theater, the show name is: _____

If you have your own accompanist, list their name: _____

ABOUT THE SCHOOL / SCHOOL DISTRICT

School Name _____ Music Director _____

Music Director's Email _____

Principal Signature _____ Date _____

SPECIAL CIRCUMSTANCES WARRANTING AN ON-LINE AUDITION

- ☐ A regional music festival is not available to me because:
- ☐ A regional music festival was available, however, I was not able to participate in this festival due to the following extenuating circumstances
- ☐ The AUDITION CATEGORY (identify) _____ was not available to me at the regional music festival.

REQUIRED ATTACHMENTS

The following items MUST be attached to this form. If these items are not attached, your request for an on-line audition will not be considered.

- ☐ A letter from my school's music director is attached. This letter supports this application's request for an on-line audition.
- ☐ A letter from the regional festival chairperson is attached. This letter supports this application's request for an on-line audition.
- ☐ A copy of the music with measures marked and labeled with the student's name, instrument and school

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.
Scan and Email this form to office@asaa.org • (907) 563-3723 • www.asaa.org