

Date _____ Room _____ Time _____ Event No. _____ Rating _____ Points _____

DELAWARE STATE MUSIC TEACHERS ASSOCIATION, INC.

Affiliated with the Music Teachers National Association, Inc.

The Mildred M. Gaddis Piano Festivals - Ensemble

Duo Piano Application

To be filled out by teacher. Please make an **original and 1 copy** and send both with checks to the Festival Chairman. Please type or print **legibly** to prevent secretarial errors OR a fee may be charged for correction.

STUDENTS' NAMES	Name (Last name first)	Birthdate	Phone No.
	<input type="checkbox"/> Check if in Solo Piano Fest. <input type="checkbox"/> Check if in Theory Festival <input type="checkbox"/> Check if playing Duo Piano.	Teacher	School Years of study

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CLASSIFICATION	DUET (4 Hands at One Piano - Please indicate clearly if more than two pianists are performing. Also, indicate all of the above information for the additional pianists on the		
	Elementary	_____	
	Intermediate	_____	
	Advanced	_____	

REPERTOIRE	Title	Key	Op.No.	Mvmt.	Composer
	<i>See DSMTA Repertoire Guide in Handbook.</i> 2 Pieces	1. _____			
	Maximum time: 10 min.	2. _____			

FEES	Total performance time _____ min.	Teachers not members of DSMTA or DMEA must include a \$50 fee which may be applied toward membership in DSMTA _____ or DMEA _____ Non-member Teacher Fee \$ _____
	All applications \$10.00 (Each participant \$5.00)	

SIBLINGS in this Festival:	TEACHER SHOULD SEND ONE CHECK MADE OUT TO DSMTA TO COVER ALL THEIR STUDENTS (plus non-member teacher fee) to Festival chairman by application deadline. Please refer to the DSMTA Handbook Calendar of Events to find this deadline and to the Board of Directors' listing to find the Chairman.
Name _____ Level _____	

SCHEDULING REQUESTS