

For office use:  
 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 Music Festivals - Vocal Solo & Ensemble Festival**

To be filled out by teacher. Please send the *original and 2 copies* (3 total) and check to Festival Chairman.

Please type or print *legibly* to prevent secretarial errors.

|   |   |                   |   |
|---|---|-------------------|---|
| *ENSEMBLE: LIST NAMES OF SEPARATE ENSEMBLE MEMBERS, TOGETHER WITH PHONE NUMBERS ON REVERSE SIDE.  | Name of soloist or ensemble* (Last name first) (soloist)  |                   | Birth date  |
|   | Address (include zip)   |                   | Phone no.   |
|   | School years of study:<br>With current teacher _____ years    With former teacher _____ years   |                   |   |
|   | School  | Grade             | School Music Teache   |
| PRIVATE TEACHER   | Name  |                   | Phone no.   |
|   | Address (include zip)   |                   |   |
| DIVISIONS<br>(Separate forms should be submitted for each event.)   | VOCAL SOLO DIVISIONS<br>Junior High Pre A-1 _____<br>High School A-1 _____ A-2 _____<br>College/non-academic B-1 _____ B-2 _____ B-3 _____ B-4 _____  |                   | VOCAL ENSEMBLE DIVISIO<br>C-1 _____<br>C-2 _____  |
|   | FEES<br>Check if first time in Vocal Festival _____<br>Check if Graduating Senior _____   |                   | \$10 per entry. Ensembles in one event may divideup the \$10 fee.<br><br>Teachers not members of DSMTA or DMEA must include a \$20 fee which may be applied toward membership in DSMTA _____ DMEA _____ |
| THEORY: A soloist may enter DSMTA Theory Festival; contact State Theory Chairman.   |   | Non-member fee \$ | Total \$  |
| SELECTIONS' TOTAL PERFORMAN TIME (including pauses between songs) MUST BE ACCURATELY TIMED.<br><br>Length of Performance: _____ minutes | Title   |                   | Composer  |
|   | 1.  |                   |   |
|   | 2.  |                   |   |
|   | 3.  |                   |   |
| 4.  |   |                   |   |
| ACCOMPANIST   | Name  |                   | Phone no.      Teacher  |
|   | Evaluation      No evaluation<br>Include "Application to Accompany" if evaluation is desired. An accompanist ma judged only once for playing the same selection. Coaching is the responsibility of t soloist's teacher.   |                   |   |
| SPECIAL SCHEDULING NEEDS (including music stands, seating, etc. - use reverse side, if needed):   | TEACHERS SHOULD SEND ONE CHECK MADE OUT TO "DSMTA" TO COVER ALL OF THEIR STUDENTS AND ACCOMPANISTS (plus teacher fee) to the Vocal Festival Chairman by the application deadline. Please refer to DSMTA <u>Calendar of Events</u> to find application deadline and <u>Board of Directors</u> listing to find current Vocal Festival Chairman. |                   |   |