

**DELAWARE STATE MUSIC TEACHERS ASSOCIATION, INC.**

*Affiliated with Music Teachers National Association Inc.*

**THE MILDRED M. GADDIS PIANO FESTIVALS**

**Solo Piano Application**

To be filled out by teacher. Please make an original and 1 copy and send with check to Festival Chairman.  
Please type or print legibly to prevent secretarial errors or a fee may be charged for corrections.

<b>STUDENT</b> <input type="checkbox"/> First time in Solo Festival <input type="checkbox"/> Check if in Theory Festival <input type="checkbox"/> Check if Suzuki Student <input type="checkbox"/> Check if Adult/ post H.S.	Name (last name first) _____ Birthdate & Age _____ Phone No. _____															
<b>TEACHER</b>	School Years of Study with current teacher _____ yrs. With former teacher (s) _____ yrs. Name _____ Phone Number _____ Address (include zip) _____															
<b>REPERTOIRE (NO ARRANGEMENTS)</b>  <u>ELEMENTARY</u> 2 contrasting pieces  <u>LOWER INTERMEDIATE</u> 2 Contrasting pieces from 2 Music Periods (I must be Baroque or Classical)  <u>UPPER INTERMEDIATE</u> 2 Contrasting pieces from 2 Music Periods  <u>ADVANCED</u> 2 contrasting pieces from 2 Music Periods or a full sonata	<table border="0"> <thead> <tr> <th>Title</th> <th>Key</th> <th>Op. No.</th> <th>Mvmt.</th> <th>Composer</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> Time not to exceed: _____ Check one: LEVEL 3 Minutes Elementary 6 Minutes Lower Intermediate Upper Intermediate E ___ LI ___ UI ___ A ___ 10 Minutes Advanced	Title	Key	Op. No.	Mvmt.	Composer	1. _____					2. _____				
Title	Key	Op. No.	Mvmt.	Composer												
1. _____																
2. _____																
<b>PERFORMANCE TIME</b>  <b>FEES</b>	Total performance time _____ minutes  All applications \$10.00	Teachers not members of DSMTA or DMEA must include a fee of \$50 which may be applied toward membership in DSMTA _____ or DMEA _____ Non-member Teacher Fee \$ _____														
Scheduling Requests Here  <u>Day Only</u>	Siblings in this festival:  Name _____ _____															
2004	Teachers should send ONE CHECK made out to DSMTA to cover all of their students plus non-member teacher fee to the Festival Chairman by the application deadline. Please refer to the DSMTA Handbook for deadline and Chairman.															