Application

Deadline: February 1, 2019; Applications postmarked after this date will not be accepted.

Teacher Name _					•						
OhioMTA Member	YES	NO	(if marked "N	O" - are you CC	M Prep Faculty?	YES	NO	_)			
Phone											
E-mail											
Street											
City		S	tate	Zip Code							
All participating teachers are required to volunteer 3 hours. Please mark in order of preference (1, 2, 3) Early (11:30-2:30) Middle (2:00-5:00)			nteer 3 hours.	student, o	nnot volunteer the or other compete will NOT be allo	nt adult to take	your place	(teachers wl	•	•	•
Late (4:30 – 7:3	•			Name			Phone				
	,			Email							
REGISTRATION FE	-		. —		-	ulty. \$27 per	entry for si	udents of I	NON-memb	ers.	
(Please note: regis	tration is fo	r the number of	ENTRIES not the	e number of stu	udents. If one st	udent signs u	p for 3 piec	es, that is 1	THREE entr	ies)	
Make checks payal	ble to SW-O	hioMTA. Send c	heck, applicatio	n, and piano an	d/or vocal entry	form to:					
	4785	o: n Pratt Eastern Ave, Sui nnati OH 45226	te 3								

PIANO entry form (make additional copies if needed)
Students can enter MORE than one piece, but each one counts as an entry

List Siblings First	FIRST NAME	LAST NAME	PIANO COMPOSITION TITLE (Include movement when applicable)	Composer	LEVEL*

^{*}P = Primer; B = Beginner; E = Elementary; E-I = Early Intermediate; I = Intermediate; L-I = Late Intermediate; E-A = Early Advanced; A-1 = Advanced I; A-2 = Advanced II

VOCAL entry form (make additional copies if needed)
Students can enter MORE than one piece, but each one counts as an entry

List Siblings First	FIRST NAME	LAST NAME	VOCAL SELECTION TITLE (If from a larger work or collection, list that as well)	COMPOSER	AGE (as of 3/24/2019)

GUITAR entry form (make additional copies if needed)
Students can enter MORE than one piece, but each one counts as an entry

List Siblings First	FIRST NAME	LAST NAME	GUITAR COMPOSITION TITLE (Include movement when applicable)	Composer	LEVEL*

^{*} Prep, Elementary, Intermediate, Advanced