2024 VMTA DISTRICT AUDITIONS APPLICATION FORM

Please fill out this form completely. Incomplete applications will not be accepted.

STUDENT'S NAME		Level
Address		
Phone #	Email	
Age Grade in So	chool Next Fall School Name	·
Instrument	Theory Level Passed_	Sight-Reading Level
EACHER'S NAME	Phone #	
Teacher's Email Address		
Length of time studying with	h this teacher	-
EPERTOIRE:		
Composer	Title	Exact Timing
·		
8 *Please refer to the VM	ITA Yearbook for time limits for each le lents agree to abide by the rules of this ev	vel and additional information.

1045 Sherwood Court, Rockingham, VA 22801