

KASTA STATE SOLO COMPETITION APPLICATION FORM

THIS APPLICATION IS DUE BY 2/1/2019

*IF YOU ARE APPLYING AS PART OF A CHAMBER ENSEMBLE, PLEASE COPY THIS FORM FOR OTHER GROUP MEMBERS AS NEEDED.

*NOTE: PAST STATE SOLO COMPETITION WINNERS ARE NOT ELIGIBLE TO COMPETE IN THE SAME DIVISION THEY PREVIOUSLY WON IN.

APPLICANT

NAME: _____

APPLICANT

ADDRESS: _____

APPLICANT PHONE NUMBER: _____

APPLICANT EMAIL ADDRESS: _____

ARE YOU APPLYING FOR THE: PREPARATORY DIVISION _____ JUNIOR

DIVISION _____ SENIOR DIVISION _____

BIRTHDATE: _____

NAME OF APPLICANT'S PRIVATE

TEACHER: _____

EMAIL ADDRESS OF APPLICANT'S PRIVATE

TEACHER: _____

PHONE NUMBER OF APPLICANT'S PRIVATE

TEACHER: _____

NAME OF APPLICANT'S SCHOOL ORCHESTRA

DIRECTOR: _____

EMAIL ADDRESS OF APPLICANT'S SCHOOL ORCHESTRA

DIRECTOR: _____

PHONE NUMBER OF APPLICANT'S SCHOOL ORCHESTRA

DIRECTOR: _____

ASTA MEMBERSHIP NUMBER OF SELF, PRIVATE TEACHER, OR ORCHESTRA

DIRECTOR: _____

TITLE OF PIECE BEING

PERFORMED: _____

COMPOSER OF

PIECE: _____

LENGTH (TIMING) OF PIECE, WITH CUTS (PLEASE BE ACCURATE- INFORMATION

PROVIDED HERE WILL BE USED TO SCHEDULE AUDITION

SLOTS: _____

CONTACT INFORMATION OF 2 REFERENCES (CAN BE PRIVATE TEACHER AND/OR ORCHESTRA DIRECTOR): _____

WILL YOU BE UTILIZING THE SERVICES OF COMPETITION STAFF ACCOMPANIST LAURA BLACK? YES _____ NO _____

IF YES, PLEASE ACKNOWLEDGE THE FOLLOWING:

1. ACCOMPANIST PARTS ARE DUE TO MRS. BLACK NO LATER THAN 2/1/2019.
2. CONTESTANT AGREES TO PAY MRS. BLACK \$50 FOR ONE 30 MIN REHEARSAL AND THE COMPETITION PERFORMANCE NO LATER THAN 2/23/19.
3. INCLUDED REHEARSAL SHOULD BE SCHEDULED BETWEEN THE CONTESTANT AND ACCOMPANIST. CONTACT WILL BE INITIATED BY THE CONTESTANT.

*IF YOU CHOOSE TO BRING YOUR OWN ACCOMPANIST, HE/SHE MUST BE AVAILABLE TO PLAY WITH YOU AT THE WINNER'S RECITAL THE FOLLOWING DAY, 2/22/19, AT NOON. THE ACCOMPANIST USED FOR THE COMPETITION MUST BE THE ACCOMPANIST USED AT THE WINNER'S RECITAL.

I _____ UNDERSTAND THE ACCOMPANIST POLICY STIPULATIONS AND AGREE TO FOLLOW THEM AS OUTLINED ABOVE.

*PLEASE INCLUDE THE \$10 ENTRY FEE (CASH OR CHECK MADE OUT TO KASTA) WITH THIS FORM. FEE AND FORM IS DUE BY **(NOT POSTMARKED BY)** FEBRUARY 1, 2019 TO:

MATT MEANS, KASTA STATE SOLO COMPETITION CHAIR
FORSYTH 74
C/O HONORS COLLEGE
FORT HAYS STATE UNIVERSITY
600 PARK STREET
HAYS, KS 67601

Any questions? Email Mr. Means at mmeans@fhsu.edu