33rd ANNUAL HONOR BAND FESTIVAL

January 24-26, 2012

APPLICATION FORM – Middle School/Junior High School

STUDENT NAME __________________________

INSTRUMENT __________________________

(Last)              (First) 

(Specify: percussion, sax, euphonium clef, etc.)

MAILING ADDRESS __________________________

(Street)                                                (City)                        (State)                        (Zip)

TELEPHONE No. (_____)___________

MALE or FEMALE (circle)

E-MAIL ____________________________

PARENT or GUARDIAN NAME (S)__________________________

PARENT or GUARDIAN CELL No. (_____)__________________________

SCHOOL __________________________

DIRECTOR __________________________

GRADE 7 8 9

SCHOOL ADDRESS __________________________

(Street)                                     (City)                             (State)                              (Zip)

DIRECTOR’S EMAIL __________________________

SCHOOL PHONE (____)__________________________

1. What part & chair do you hold in your school band? __________________________

2. If you have achieved All region or All State, please indicate which and the years earned.

   ALLSTATE _______ year _______  
   JR ALL REGION _______ year _______  
   SR ALL REGION _______ year _______ 

3. Have you ever been a member of any other honor band? _____ . If so, what band(s) and what was the highest part and chair placement obtained? __________________________

4. How long have you been playing your band instrument? __________________________
5. Do you take private lessons? ____________ If so, how many years? ____________ Name of private teacher? __________________________

6. Method books used for study? ________________________________________________

7. Solo Literature studied and/or performed? ________________________________

8. Events performed and ratings at Solo and Ensemble Festival ______________________

9. Do you have an interest in attending UT Martin for college? ______ Intended major ________

I would like to be considered for membership in the 2013 UTM Honor Band. If I am selected, I will attend the clinic and perform to the best of my ability.

___________________________________________
STUDENT SIGNATURE
DIRECTOR’S CONFIDENTIAL RECOMMENDATION

Student’s Name ____________________ Instrument _________________ Grade Level ____

Please include comments regarding musicianship, cooperativeness, work ethic, etc. Include any other information you think would aid in the selection process. Indicate what instruments are percussionist’s strengths (timpani, snare, mallets, etc.)

ATTENTION DIRECTORS, it is VERY IMPORTANT that you rank this student among all students nominated from your school. Rank your top player number 1.

             Ranking: ______________________

General comments regarding the student from the director:

______________________________
______________________________

___________________________________________  ___________________________
Director’s Signature                  Principal’s Signature
(If necessary)

Email applications will not be accepted. Please return all application forms to:

Dr. John Oelrich
UTM Honor Band
452 Clement Hall
210 Hurt Street
Martin, TN 38238
Phone: (731) 881-7403
E-mail: joelrich@utm.edu

DUE NOVEMBER 30, 2012