

YOU MUST FILE A SEPARATE FORM FOR EACH PART

MUST BE TYPED

2011 ALL-OMEA CHORUSES AUDITION APPLICATION (fillable)

MUST BE TYPED

School _____
Director _____
Special Requests: (On a separate form, list individual students requesting different audition time slots. Don't include these students on the list below.)
ACT TEST SITE: _____ (Only if testing on audition day)

Which Region Audition Site will you attend?
Quadrant 1 (NW) ___ Quadrant 3 (SW) ___
Quadrant 2 (NE) ___ Quadrant 4 (SE) ___
Distance to Quad site _____
Distance to UCO _____

DIRECTORS ARE RESPONSIBLE FOR SENDING ALL APPLICATIONS FOR EACH SCHOOL IN ONE ENVELOPE. The appropriate payment for audition fees may be by check, money order, or a valid school purchase order. (We will not accept requisitions as payment.) **Send no cash through the mail. Certified mail is recommended.** Applications must be postmarked on or before September 24, 2010, and must include the audition fee of \$15.00 per student entry. Late applications postmarked September 25, 2010 to October 1 will be accepted if they include an audition fee of \$45.00 per student. Entries postmarked after October 1 are considered **Emergency** category @ \$100.00 per entry (contact Choral VP). Only students who are presently in grades 10, 11 or 12 may audition. **Region auditions are Saturday, October 30, 2010,** in your geographic region. Second round auditions are set for Saturday, November 13, 2010, at UCO, Edmond.

(Sop I, Sop II, Alto I, Alto II, Ten I, Ten II, Bass I, Bass II, each on a separate form)

Please type or print the information below:
Name of voice section for all students listed below _____ AND circle it in the list above.

NAME OF STUDENT(S)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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MUST BE COMPLETED BY THE DIRECTOR (PLEASE TYPE/PRINT) REQUIRED FOR SCHEDULE

Director's Name _____
School Address, City, Zip _____
Home Address, City, Zip _____
School Phone () _____ Home Ph () _____ Cell Ph () _____ FAX () _____
MENC Membership Number _____ Exp Date: _____ e-mail: _____
I recommend the students listed above as persons and performers suitable for membership in the All-OMEA Chorus. I understand that my students may audition only if I am present at the audition site and available to work for the entire day. I certify that I am a current member of OMEA/MENC. I also certify that a student will not audition if academically ineligible according to OSSAA rules.
Director's Signature _____ Date _____

TO BE COMPLETED BY SCHOOL PRINCIPAL

I certify that these students are eligible to audition for the All-OMEA Chorus. This eligibility meets the requirements set by the Oklahoma Secondary School Activities Association.
Signature of Principal _____ Date _____

Mail all applications: **All-OMEA Chorus Entry; OMEA Office; 636 Bacone St; Muskogee OK 74403**
Duplicate copies of this application if necessary.

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