

OKLAHOMA DISTRICT N.A.T.S. April 10, 2010
STATE AUDITIONS – STUDENT ENTRY FORM
DEADLINE FOR ENTRY: POSTMARKED ON, OR BEFORE, MARCH 12, 2010

PLEASE PRINT

NAME OF STUDENT _____
(LAST NAME) (FIRST NAME)

Sex: M _____ F _____ Age _____

CIRCLE OR CHECK THE CORRECT AUDITION CLASSIFICATION FOR THIS STUDENT. (See rules) Previous first place winners at Regional or State may not enter the same classification which they won the previous year. They must enter the next higher class.

YW1__ YM1__ YW2__ YM2__ III__ IV__ V__ VI__ VII__ VIII__ IX__ X__ GRADUATE__ ADULT__

What is this student's total number of semesters of vocal study including the present semester? _____ (Failure to answer this correctly will result in disqualification.)

REPERTOIRE (List titles in the language in which you intend to sing)
COMPOSER *TITLE* *FROM (opera or other work)*

ARIA: _____
FOREIGN LANG. SONG _____
ENGLISH LANG. SONG _____

Classifications YW/YM – X, AND Adult, list 3 selections (SEE RULES). Graduates list 6 selections. (SEE RULES).

NAME OF **PIANIST** WHO WILL ACCOMPANY _____
Is this accompanist playing other classes? YES NO (PIANIST MUST FILL OUT SEPARATE FORM)
If yes, list other classes _____
Is accompanist singing? _____ If YES, what classification? _____

Name of Teacher: _____ School : _____
Home Telephone: _____
Are you a current member of NATS ? yes no Membership no. _____
Teacher's email address: _____

THIS FORM MUST BE COMPLETED AND MAILED BY A TEACHER WHO IS A NATS MEMBER. Entries from students will be returned. **ENTRY FEE: \$15.00 for each student.** The fees **MUST BE SENT SEPERATELY** from this form, in a single check from the teacher for all of the students entered. **PLEASE TYPE INFORMATION.** Fees are non-refundable if a student cancels the audition. **MAKE CHECK PAYABLE TO Oklahoma NATS.**

TEACHERS MAY ENTER 8 (EIGHT) STUDENTS classes III – XIII. Youth and adult do **not** count toward the total of eight. If the student above has come to you within the last EIGHT MONTHS you are required to list that teacher's name below:
(Name of former teacher): _____

I verify that the information given in this application is correct.

I verify that the information given in this application is correct.

Teacher's signature Date

Student's signature Date

MAIL ALL STUDENT ENTRY FORMS TOGETHER - THE TEACHER MUST SEND ONE CHECK FOR THE ENTRY FEES OF ALL STUDENTS ENTERED. ONLY TEACHER'S CHECKS WILL BE ACCEPTED. Mail, EMAIL OR FAX this form to: Melody Bagech, 2100 Fullview, Ada, OK 74820; fax: 580.436.3329; office ph: 580.310.5464; E-mail: oknatsregistration@yahoo.com. Mail CHECKS for ALL fees to Mark McQuade, 500 W. University Ave., OBU Box 61220, Shawnee, OK 74804. (Note: You may send one check for student entry fees and your conference/lunch registration, if you choose.)