

*Jack Weaver Memorial Competition
for Violin, Viola, and Cello
Application Form*

MIA CHOI, 10320 Boca Raton Dr. Ellicott City, MD 21042

Deadline: April 21, 2018 No repertoire changes will be allowed after the postmark deadline.

1. By submitting this application, the participating teacher agrees with all rules governing this event and understands that he/she **must** be available to assist with this event. The teacher understands that his/her students will be ineligible to participate in this event if this rule is violated.
2. Application forms should be filled out by the MSMTA teacher only. Please send *one check* for all entries, made payable to **MSMTA**, to **MIA CHOI**, at the address listed above.
3. Any time request must be submitted by postmark deadline. No guarantees on requests submitted after the deadline.

Name of Student: _____ Instrument: _____

Address: _____

Student's Phone: _____ Email: _____ Grade: _____

Name of Teacher: _____ Phone: _____

Address: _____

Email of Teacher: _____ Teacher's Membership No. _____

Name of Accompanist: _____ cell phone: _____ email: _____

Compositions to be performed and memorized

List all data such as Opus no., tempo, movement no., etc.

—Please type or print clearly—

Title	Composer	Performance Time	Published copy available?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Parent and student have read, discussed and agree to all printed rules regarding the MSMTA Weaver Competition. Signature of Parent (Guardian): _____
Signature of Student: _____

Teacher: I have read and understand the rules governing MSMTA events and this specific event and agree to abide by them. My students and/or parents have also been apprised of the rules. I understand that I must be available to assist on the competition day with the event **for a minimum of two hours**. If I fail to fulfill my work obligation, I understand and agree that my students may be declared ineligible to participate..

I can assist on the day of the competition during the following hours: _____

I am using my first substitute second substitute to help at this event.

My substitute for this event is _____. Hours available: _____

Teacher's signature: _____