



Oregon Music Teachers, Inc.

Entry Blank for Syllabus Evaluation

Year _____ Fall Spring

Check one: Evaluation Demonstration Audition

Student Info
Teacher Info

Age: _____ Years of Study: _____ Level: _____ Time: _____ Fee: _____

Student Name (Type or print): _____

Cell Phone (*for use only on Syllabus day*): _____

Teacher Name: _____

Teacher Address: _____

Cell Phone (*for use only on Syllabus day*): _____

OMTA Membership Status: Active Provisional Student Non-Member

If Student Member, name of Sponsor: _____

Key Choices: (Levels VII-IX) Choose 2 additional major keys and the parallel minors: ____ ____

Demonstration only: Lower Division: choose 2 major keys and their relative minor: ____ ____

Upper Division: choose 2 keys, parallel major and minor: ____ ____

	<u>Period</u>	<u>Repertoire</u>	<u>Composer</u>	<u>Performance Time</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Evaluation

Adjudicator Signature/Initials