

**NEBRASKA MUSIC TEACHERS ASSOCIATION  
NMTA SENIOR PERFORMANCE COMPETITION**

ENTRY BLANK

ENTRY POSTMARK DATE: **September 9, 2016**  
 NMTA COMPETITION DATE: **Saturday, October 15, 2016**  
 NMTA COMETITION FEE: **\$40.00 for each solo entry**  
 NMTA COMPETITION LOCATION: **University of Nebraska Omaha**  
 NMTA COMPETITION CHAIR: **Jennifer Meyer, 13406 S. 29<sup>th</sup> Ave., Bellevue, NE 68123**  
**402.292.5093 jjlm@cox.net**

Fill in all blanks. Teachers: make one check payable to the Nebraska Music Teachers Association to cover the total fees for all students entering the NMTA Performance Competitions. Send one check to the NMTA Performance Competition Chair no later than the entry postmark deadline.

**STUDENT'S NAME** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Number & Street City State Zip

**EMAIL** \_\_\_\_\_ **PERFORMANCE FIELD** \_\_\_\_\_  
Specify piano, violin, cello, voice, etc.

**GRADE IN SCHOOL** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**LENGTH OF STUDY WITH PRESENT TEACHER** \_\_\_\_\_ (yrs./mos.) **TOTAL STUDY** \_\_\_\_\_ (yrs./mos.)

**Are you entering more than one performance field?** \_\_\_\_\_ **Are you also entering the non-competitive Festival?** \_\_\_\_\_

**Do you have sibling entering the Festival?** \_\_\_\_\_ **If so, list below:**  
 Sibling Name, Level, Performance Field \_\_\_\_\_  
 Sibling Name, Level, Performance Field \_\_\_\_\_

**REPERTOIRE:** Refer to [www.nebmta.org](http://www.nebmta.org) (Student Activities/Competitions) for information about performance requirements.

TITLE	KEY	COMPOSER	PERIOD	PERFORMANCE TIME
_____	_____	_____	_____	_____ Minutes
_____	_____	_____	_____	_____ Minutes
_____	_____	_____	_____	_____ Minutes
_____	_____	_____	_____	_____ Minutes

**Accompanist's Name (if applicable):** \_\_\_\_\_

**List any special equipment requests:** \_\_\_\_\_

**COMPETITION SCHEDULE:** *Competition times will be assigned by the NMTA Performance Competition Chair.*

**TEACHER'S NAME** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Number & Street City State Zip

**EMAIL** \_\_\_\_\_ **TEACHER'S MTNA (National) MEMBERSHIP #** \_\_\_\_\_

Please include the names and telephone numbers of any parents who could monitor the NMTA Performance Competitions.

**NAME** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_ **NAME** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**THE DECISION OF THE JUDGE(S) IS FINAL AND MAY NOT BE QUESTIONED BY  
STUDENTS, THEIR PARENTS, OR TEACHERS.**