

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

ENTRY BLANK

**ENTRY POSTMARK DATE:** September 8, 2017  
**NMTA COMPETITION DATE:** Saturday, October 14, 2017  
**NMTA COMPETITION FEE:** \$40.00 for each solo entry  
**NMTA COMPETITION LOCATION:** Nebraska Wesleyan University  
**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 Nebraska Music Teachers Association to cover the total fees for all students entering the Competition. Send one check to the NMTA 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 siblings 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) website (2014 Summer Newsletter) for information about performance requirements..

<u>TITLE</u>	<u>KEY</u>	<u>COMPOSER</u>	<u>PERIOD</u>	<u>PERFORMANCE TIME</u>
_____	_____	_____	_____	_____ min.
_____	_____	_____	_____	_____ min.
_____	_____	_____	_____	_____ min.
_____	_____	_____	_____	_____ min.

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

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

**COMPETITION SCHEDULE:** Competition times will be assigned by the NMTA 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 help monitor the NMTA competitions.

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Name \_\_\_\_\_ Telephone # \_\_\_\_\_

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