

Austin District Music Teachers Association

Solo Contest Master List



Teacher #

Teacher _____ Phone _____

Address _____ Email _____

City/Zip _____

of Students _____ Amount Enclosed \$ _____

→ Teachers who enter students are required to monitor.

Critique Sheets (check one): Teacher Pickup _____ Drop off at Strait Music _____ Mail _____

Student/Parent Pickup _____ Student/Parent Signature upon receipt of sheets _____

❖ List Students in alphabetical order by grade level and last name.

List all first level students in alphabetical order, then all second level students in alphabetical order, etc

Students Listed Alphabetically Last Name, First Name	School Grade	For Festival Chairman's use ONLY	
		Group Starting Time	*Playing Order/ Total Contestants
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

*Students position in the playing order followed by the total number of entrants. Please mail this form, your critique sheets, and your check to the event chairman. Postmark must be on or before deadline. No exceptions!