

Young Composer Project Entry Form

TEACHER _____

TELEPHONE _____ E-MAIL _____

ADDRESS _____

CITY/ZIP _____

WSMTA CHAPTER (or indicate "Non-member*") _____

STUDENT _____

TELEPHONE _____ E-MAIL _____

ADDRESS _____

CITY/ZIP _____

CLASSIFICATION _____ YEAR IN SCHOOL _____

TOTAL LENGTH OF STUDY _____

HAVE YOU STUDIED COMPOSITION WITH ANOTHER TEACHER? _____ HOW LONG? _____

(Have you participated in a composition workshop sponsored by an academy, a conservatory, a university, or a symphony within the last two years? Yes _____ No _____)

COMPOSITION TITLE _____

ENTRY FEE _____ (*ADD \$20 IF TEACHER IS NOT A CURRENT MEMBER OF WSMTA.)

INSTRUMENT(S) _____

PERFORMANCE TIME _____

If your composition is chosen as the winner in your classification, are you able to perform it at the WSMTA Conference in June, 2012, in Bellingham, Washington? _____

AFFIRMATION OF AUTHENTICITY (Teacher, student composer and parent must sign):

I hereby affirm that the composition submitted with this application is solely the work of the student, and that the manuscript has been produced by the student (or with teacher assistance for students in grades K-2)**.

_____, Teacher Date: _____

_____, Student Date: _____

_____, Parent Date: _____

***Students at the primary level (Grades K, 1 and 2 only) may receive the help of a scribe in creating their manuscript.*