

NFMTA STUDENT SPOTLIGHT RECITAL 2018

Registration Form

Teacher's Name: _____

Phone: _____ **Email:** _____

Please fill out the information on this page for each student you wish to participate. For duets or ensembles, please be sure to indicate 2nd, 3rd student names and/or accompanist name. Also, please make it clear which student plays which instrument. ***It is very important that you time your student's pieces prior to the recital and indicate the time in the appropriate blank.***

1. Student Name _____ GMTA REGIONAL WINNER _____
Name of Piece _____
Composer _____
Length of Piece: _____ Instrument: _____
Please select the following:
Soloist ____ Soloist & Accompanist ____ Duet ____ Ensemble ____
Please add additional information below: _____

2. Student Name _____ GMTA REGIONAL WINNER _____
Name of Piece _____
Composer _____
Length of Piece: _____ Instrument: _____
Please select the following:
Soloist ____ Soloist & Accompanist ____ Duet ____ Ensemble ____
Please add additional information below: _____

As the teacher, I have read and agree to abide by all rules and regulations as set forth in the Student Recital Guidelines. I also confirm that I have timed my student(s) and that the performance falls in the allotted amount of time.

TEACHER SIGNATURE: _____