SAN BERNARDINO COUNTY MUSIC EDUCATORS' ASSOCIATION

Application For SOLOFEST 2009

Please print legibly or type **Date** _____

Student's Name_____

Mailing
Address_____City _____Zip _____

Home Telephone (area) __(_____)_____

Specify Vocal Range (e.g., Soprano) or Type of Instrument _____.

Category (circle one) H.S. (9-12) M.S. (7-8) Elem. (4-6)

Teacher's Name _____.

School_____ Phone_____.

School Address_____City_____Zip_____.

(Check appropriate box) My teacher is a member of SBCMEA _____. My teacher is not a member of SBCMEA but is sending his/her membership as soon as possible_____.

Title of Solo _____.

Composer _____.

Name of Accompanist _____.

(**very important---PLEASE indicate if your accompanist is playing for other participants as well**)

I have read and understand all the information concerning the Annual SBCMEA SOLOFEST.

_____.
Parent's Signature Date Student's Signature Date

Please send this application with $10.00 (checks payable to SBCMEA) to:
Dr. Andrew Crane
Department of Music
Cal State University, San Bernardino
5500 University Parkway
San Bernardino, CA 92407

APPLICATIONS MUST BE RECEIVED NO LATER THAN MARCH 20, 2009.