



## MCoFM Musical Theatre Competition 2020

### Teacher Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Studio/Music School: \_\_\_\_\_ Number of years with this student: \_\_\_\_\_

### Performance Highlights this academic year:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Studio Recitals | <input type="checkbox"/> School Recitals | <input type="checkbox"/> Choir Concerts   | <input type="checkbox"/> Musical Theater Productions |
| <input type="checkbox"/> Exams           | <input type="checkbox"/> Audition        | <input type="checkbox"/> Community Events | <input type="checkbox"/> Music Summer Camps          |

Additional comments:

As a teacher, I recommend my student to enter this competition. We have selected and worked in the following selection for the audition.

### Audition Information:

Song 1 : \_\_\_\_\_

Composer \_\_\_\_\_ Title/Show \_\_\_\_\_ Length \_\_\_\_\_

Song 2: \_\_\_\_\_

Composer \_\_\_\_\_ Title/Show \_\_\_\_\_ Length \_\_\_\_\_

- 1 original score of the movement to be performed must be provided by the contestant for the judges' use.

### Accompanist pianist information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is this pianist available for hire? ☐ Yes ☐ No

\_\_\_\_\_  
Parent/Guardian Name and Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Music Teacher Name and Signature \_\_\_\_\_ Date \_\_\_\_\_