

University of Tennessee at Martin
HONOR BAND SYMPOSIUM
February 2-4, 2006

MEMBERSHIP APPLICATION FORM

DUE: DECEMBER 1, 2005 DUE: DECEMBER 1, 2005 DUE: DECEMBER 1, 2005

STUDENT INFORMATION FORM
(Please Type or Print Legibly)

STUDENT NAME: _____ **INSTRUMENT:** _____
(Last) (First) (M. I.) (Specify: percussion, sax, euphonium clef, etc.)

MAILING ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE No. () _____ **MALE or FEMALE** (circle one) **E-MAIL:** _____

PARENT or GUARDIAN NAME (S): _____

SCHOOL: _____ **GRADE IN SCHOOL: 7 8 9 10 11 12**

SCHOOL ADDRESS: _____
(Street) (City) (State) (Zip)

DIRECTOR'S NAME: _____ **SCHOOL PHONE** () _____ **E-MAIL** _____

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1. What part & chair do you hold in your school band? _____
 2. Have you ever been a member of any other honor band? _____. If so, what band(s) and what was the highest part and chair placement obtained? _____
 3. How long have you been playing your band instrument? _____
 4. Do you take private lessons? _____. If so, how many years of private study do you have? _____
 5. Do you have an interest in attending UT Martin for college (11/12 Grade only)? _____

IN ADDITION TO THE ABOVE ACHIEVEMENTS, PLEASE DESCRIBE BRIEFLY OTHER ACHIEVEMENTS AND HONORS RELATED TO YOUR SCHOOL BAND AND INDIVIDUAL PERFORMING EXPERIENCE.
(Include Solo & Ensemble experience, special awards, etc.)

STUDENT SIGNATURE

DIRECTORS CONFIDENTIAL RECOMMENDATION ON REVERSE SIDE OF APPLICATION

DIRECTOR'S CONFIDENTIAL RECOMMENDATION

Student's Name _____ Instrument _____ Grade Level _____

(Please respond as accurately as possible.)

- A. Please rank this student among all students nominated from your school. Rank your top player number 1.

Ranking: _____

- B. General comments regarding the student from the director:

Director's Signature

Principal's Signature
(If necessary)

Please Return All Application Forms To:

Brian Amaral
UTM Honor Band
138 Fine Arts Building
Martin, TN 38238

Phone: (731) 881-7403 Fax:(731) 881-7415
E-mail: bamaral@utm.edu

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