

LOUISIANA MUSIC EDUCATOR ASSOCIATION - 2016-2017 OFFICIAL ENTRY FORM

REGIONAL (STATE) CHOIR MUSIC PERFORMANCE ASSESSMENT

DIRECTORS TAKE NOTE: LMEA supports 100% the laws regarding the duplication of scores. Any infraction by the duplication of scores without written permission from the publisher will result in the disqualification of the participant. Additionally, only teachers who are members of LMEA or non-members who pay a \$150.00 non-member fee may enter this event. Late fee of \$100.00 if postmarked or hand delivered after deadline. ENTRIES are NOT ACCEPTED after the performance schedule is set. NO REFUNDS after schedule has been set. Schedules and information will be placed on the LMEA website (lmeamusic.org). No schedules or information will be mailed.

ELIGIBILITY: Only choirs that earned a rating of **I** in concert and no lower than a rating of **II** in sight reading at the current year's district assessment, or in the previous year's state assessment under the present director, are eligible to enter the regional music assessment. All groups must participate in the district assessment during the same academic year as the regional assessment in order to participate in the regional assessment.

Director's signature verifying ensemble has met eligibility.

ENTRY POSTMARK DEADLINE April 1, 2017. NO REFUNDS AFTER SCHEDULE HAS BEEN SET.

Mail entry to: Bruce Lambert, LMEA Executive Director, P. O. Box 12046, Lake Charles, LA 70612

Indicate 1st and 2nd Preference for the Regional Site you wish to attend.

____ North Region (Tioga High School, April 25)

____ Southwest Region (First Baptist Church, Baton Rouge, April 24-28)

____ Southeast Region (High Schools, Central Lafourche, April 27)

____ Southeast Region (Elementary and Middle Schools, Central Lafourche, May 9)

Name of Organization: _____

School Name: _____

School Address: _____

City, State, Zip _____

Choir Room/Office Phone (circle the correct one) _____

School Enrollment _____ LMEA Classification _____ Grades Represented: Lowest _____ Highest _____ Number in Group _____

Director's Name _____ Home/Cell Phone _____

Home Address _____

City, State, Zip _____ Email address _____

Order of Music performed (Specify required number with a *) (Time: minutes/seconds of expected time in performing the selection)

Composition _____ Composer _____ Time _____

Composition _____ Composer _____ Time _____

Composition _____ Composer _____ Time _____

Choruses: (voicing required for sight reading event) _____ Name of Accompanist _____

FEES: The following fees are enclosed:	_____ \$275.00 per group	\$ 275.00
	_____ \$150.00 non-member fee if applicable	\$ _____
	_____ \$100.00 late fee if postmarked after deadline	\$ _____
	Total Fees enclosed	\$ _____

Certification: This is to certify that the students in this organization are all bona fide students of this school and meet all requirements for participation in the State Large Ensemble Assessment. ***You must attach a photocopy of your NafME/LMEA card.***

NafME ID NUMBER _____ EXPIRATION DATE _____

SCHOOL PRINCIPAL'S SIGNATURE _____

DIRECTOR'S SIGNATURE _____