

DOROTHY SUTTON PERFORMANCE FESTIVAL 2017

Details & Information

Date: Sunday, October 8, 2017 Time: 1:00-4:30 Location: Lancaster Bible College (Good Shepherd Chapel)

Entry Fees *per student*: Local festival = \$20 State festival = \$13

Entry deadline: **Saturday, September 23, 2017**

GUIDELINES: Festival guidelines can be found at www.pamusicteachers.org. Theory levels are selected by the teacher. Local forms are available to download at www.lancastermusicteachers.org. State forms will be available in late August for download.

****PLEASE NOTE:** Simplifications or arrangements are NOT acceptable at the intermediate and advanced levels unless the original composer is the arranger. Students playing arrangements above elementary level at the local event can be adjudicated but will be disqualified for the State Event.

HONORS RECITAL: Students receiving a rating of SUPERIOR and a score of 75% or higher on the theory test are invited to play in an Honors Recital at Landis Homes Retirement Community (in the West Bethany Chapel) 1001 E. Oregon Rd. Lititz, PA 17543 on Saturday, October 21, 2017 at 2:00 PM.

STATE LEVEL: The state showcase recitals takes place on Saturday, November 4, 2017 at Indiana University of Pennsylvania. All scheduling of the State Showcase Recitals will be done through the PMTA website by TEACHERS ONLY. All payments MUST be made at registration time ONLINE. Students receiving an overall rating of SUPERIOR and 85% or higher on the theory test can advance to the state showcase recital. Teachers may pay online using PayPal or credit card ONLY. No checks will be accepted. Online registration begins October 1 and the deadline for registration is 3:00pm on Monday, October 16, 2017. The state enrollment fee is \$13. Inquiries may be addressed to Theresa V. Smith 2465 Buchenhorst Rd. State College, PA 16801.

Please submit one *Local Entry Form* AND one Parent Permission Form per student and one *Teacher Information Form* per teacher. Please send one check per teacher studio (made out to LMTA) for all local fees and all forms by **September 23, 2017** to:

Ashley Radcliff
1320a Airport Rd, Coatesville PA 19320

(610) 701-1493

Thank you for encouraging your students to participate in this motivating event!

Preferred Audition Time: _____

DOROTHY SUTTON PERFORMANCE FESTIVAL 2017

Student Entry Form – Local Auditions

Please TYPE or PRINT CLEARLY.

Student Name: _____ Age (as of Nov 1): _____

Address: _____
Street City/Zip

Instrument: _____ Grade in School: _____ Length of Study: _____

Teacher: _____ Teacher Phone #: _____

List any siblings participating in DSPF: 1 _____
2 _____
3 _____

<u>Theory Test (circle one):</u>	<u>Test Level</u>	<u>Theory Test:</u>	<u>Test Level</u>
Piano (levels P through 8)	_____	Treble Clef (levels P through 6)	_____
Guitar (levels P through 6)	_____	Bass Clef (levels P through 6)	_____
Vocal Treble Clef (levels P through 4)	_____	Vocal Bass Clef (levels P through 4)	_____
Alto Clef (levels P through 6)	_____		

Please note any special accommodations needed for students taking the theory test (ex. needing a test read aloud): _____

Repertoire: Check guidelines at www.pamusicteachers.org. Please include Op. No., tempo or name of movement. **Total time must be precise!** Students using copied music or without music will be automatically disqualified!

Composer	Name of Composition	Length (min/sec)
1. _____	_____	_____
2. _____	_____	_____

Teacher's Authorization Signature: _____

Dorothy Sutton Performance Festival Parent Permission Form

Lancaster Music Teachers Association frequently takes photographs at our events for marketing and publicity purposes. These photographs, along with your or your child's name may be submitted to local newspapers, featured in the LMTA Newsletter, posted on our website or otherwise utilized by LMTA for promotional purposes. By registering for this LMTA event, you are granting permission for such use of your/your child's image and name. If you do NOT agree to this use, please notify the event coordinator in writing within one week of the event date. Thank you.

Parent/Guardian Signature_____

Child's Name_____

Please sign to indicate you've read and agree to the above and return this form to your teacher to be sent in with your DSPF Application Forms.