

* NYSSMA Area All-State Woodwind Supplement *

* Please complete this form for the student who has competency on another woodwind instrument <u>and</u> has a desire to play that instrument at Area All-State if the student is selected to do so. **Attach it to the student's primary application**(Duplicate As Needed)

To be completed by NYSSMA MEMBER SCHOOL Music Teacher - Please TYPE or PRINT clearly.

Please Note: Applicant must attend a NYSSMA Member New York State School at the time of the audition (if applicable) and at the time of the applicant's memberships in the Area All-State Organization. Complete a separate form for each instrument on which a student is applying. NYSSMA Member School Participation Fee MUST HAVE BEEN PAID AT TIME OF APPLICATION.

Student's Name:					Grade in School:				
Primary Instrument(s) application:					Secondary instrument(s):				
					Building:				
School Address:								_	
City/State/Zip:									
NYSSMA MEMBER SCHOOL Teacher:School Phone ()									
						one Filoi	ie ()		
WOODWIND DOUB	BLING	EXP	ERIE	NCE					
	A /	VCCI	1 1 CC		ATINIA	7.0	Director's Pa	ocommondation	
NYSSMA SOLO RA (If applicable)					ATINGS		Director's Recommendation		
INSTRUMENT	Grade 11	Grade 10	Grade	Grade 8		Grade 6	List performance experience on instrument:	O = Outstanding; E = Excellent; G = Good; F = Fair; P = Poor; N = No Experience	
Piccolo								11 No Experience	
English Horn									
Eb Clarinet									
Eb Alto Clarinet									
Bass Clarinet									
Contra Bass Clarinet									
Soprano Saxophone									
Tenor Saxophone									
Baritone Saxophone									
Director's commer	nts (co	ntinue c	on back if	necessar	y)				
SIGNATURES "The a	ibove in						s sign and date at of my knowledge	"	
Applicant:									
NYSSMA MEMBER SO Music Teacher:	CHOO		name			Signatu		Date	
		Print	name			Signatu	re	Date	