

INTENT FORM for STATE and LOCAL ENSEMBLE TEAMS

Mail this form with entry fee check to Chairman

The following list of my students intend to audition for one of FWMTA 's ENSEMBLE TEAMS.

Teacher: _____ Phone _____ email _____

HIGH SCHOOL TEAM: _____

(Write in Name of the Piece)

NAME _____ **Grade** _____ **Part - Secondo or Primo*** _____ **Email and/or Telephone #**

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

TEXAS/AMERICAN TEAM: _____

(Write in name of the Piece)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

LOCAL TEAM: _____

(Write in name of the piece)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

* Application will not be accepted if **part playing** is not reported. Full information must be provided for each student.