

# ORCHESTRA ALL-STATE AUDITION INFORMATION

**WHEN:** \_\_\_\_\_ (fill in date from Dr. R)

**WHERE:** \_\_\_\_\_ (fill in place from Dr. R)

**AUD. TIME:** TBD – Dr. R. will let you know when he finds out

**WHAT:** <http://www.gmea.org/Information/Orchestra/ASO/ASO.htm>  
Etude: Enter link above, find “All State Orchestra Etudes” link  
Scales: Enter link above, find “GMEA Handbook” (pg. 10 of handbook)

**HOW MUCH:** \$ \_\_\_\_\_ **DUE BY** \_\_\_\_\_ (fill in \$ and date from Dr R)

**FINAL CHECK-UP:** \_\_\_\_\_ (fill in date from Dr. R)

**To audition for District/All-State, you must meet with Dr. R. *ON YOUR OWN* at least 3 TIMES prior to the final audition check-up day! This should be after school (as there isn’t time in the morning), and you should let Dr. R. know if you’re planning on coming a certain day. In other words, don’t just show up without telling him! This means meeting a total of 4 times!!**

**If you do not meet with Dr. Richardson for all 4 times, you will forfeit your fee,** won’t be allowed to attend the audition, and must then play the audition for Dr. Richardson as part of your grade (playing test portion).

You will be responsible for your own transportation to and from the audition. Directions will be given at a later date.

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*Detach form and return to Dr. Richardson with payment by date above*  
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I \_\_\_\_\_ understand the requirements to audition for the  
(Print/Type Student Name)

All-State Orchestra as listed above. I agree to practice regularly and to meet with Dr. Richardson 3 times prior to the audition and for the final audition check-up.

\_\_\_\_\_  
Print/Type Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

As the parent/guardian of the student listed above, I understand and agree with the requirements for my child to participate in the auditions for the All-State Orchestra. I agree to support my student in their practice and providing transportation to the audition and as needed to meet the check-up requirements prior to the audition.

\_\_\_\_\_  
Print/Type Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date