

## Jack Weaver Memorial Competition for Violin, Viola and Cello

Chair: Dr. Chien Tai Chen (301) 983-6962 Email: [citynoah@hotmail.com](mailto:citynoah@hotmail.com)

Co-Chair: Jeanne Wernly (301) 330-5833 Email: [jewernly@erols.com](mailto:jewernly@erols.com)

**Date:** April 3, 2004

**Deadline:** February 28, 2004

**Location:** Oren Music  
2001 Chapman Avenue at Twinbrook Prkway, Rockville MD 20852

**Fee:** \$40.00. Send one entry form for each entry and one check covering all students made payable to MSMTA to:

**Dr. Chien-Tai Chen**  
**8807 Fox Hills Trl**  
**Potomac, MD 20854-4212**

**Eligibility:** Any string student in grades 9 to 12 who has studied with an MSMTA member for the last six months. Previous first place winners of the Burchuk or Weaver Competition are not eligible. If two teachers are sharing the teaching of the student, the primary teacher must teach at least 75% of the time.

**Repertoire:** Three compositions of contrasting style representing three different periods of literature. All three should be memorized although one sonata may be played with music. Student will be stopped after 15 minutes of playing. Contestants must provide their own accompanist. One published copy of the music must be available for the judges. *Note: This event will be cancelled if there are fewer than three entries. All prizes might not be awarded.*

**Awards:** Cash Prize

*MSMTA gratefully acknowledges the generous donations of  
the Violin House of Weaver and Potter's Violins  
for funding the competition prize.*

*--The general rules governing MSMTA events also apply. Please read them carefully. --.*

# Jack Weaver Memorial Competition for Violin, Viola and Cello Application

- Application forms and checks must be filled out by the MSMTA teachers only. Include fees for all students in one check.

Name of Student: \_\_\_\_\_

Instrument: \_\_\_\_\_

Address: \_\_\_\_\_

Student's Phone: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Accompanist: \_\_\_\_\_

Phone: \_\_\_\_\_

**Compositions to be Performed** (List all data such as opus no., tempi, movement no., etc.)

	Title	Composer	Performance Time
1.	_____		
2.	_____		
3.	_____		

Signature of Parent (Guardian): \_\_\_\_\_

*I hereby acknowledge that I have read and understand the rules governing MSMTA events and this specific event and agree to abide by them. My students and/or parents have also been apprised of the rules. I understand that I must be available to assist with this event. If I fail to fulfill my work obligation, I understand and agree that my students may be declared ineligible to participate in this event.*

- I am available to assist on the day of the competition. Hours available: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_

*Co-teacher or coach must sign if teaching the above student on a regular basis.  
Co-teacher or coach need not be a member of Maryland State Music Teachers Association.*