

## MSMTA Spring Festival: Solo String Instruments

**Chair: Dr. Jean Hsu (301) 294-6190 Email: jeanhsu@comcast.net**

**Date:** Saturday, March 26, 2005

**Deadline:** February 12, 2005

**Location:** University of Maryland College Park, Clarice Smith Performing Arts Center

**Fee:** \$15.00 per entry. Entering teachers send one check for all entries, made a check payable to MSMTA (Do NOT send by register mail or express mail that requires signature):

**Dr. Jean Hsu**  
**25 Crofton Hill Court**  
**Rockville MD 20850-3128**

**Eligibility:** See below for age requirements. Age is determined as of March 1, 2005..  
*First Place winners in 2004 solo events may enter non-competitive only.*

**Accompanist:** Teacher is not allowed to accompany his/her students. It is teacher's responsibility to assign accompanists after receiving the schedule in order to avoid conflicts.

**Rules for** Competitive and Noncompetitive:

Competitive participants must perform from memory, except accompanist.

Noncompetitive participants may use music.

**Time Limits:**

Age	Time Limits
Ages 7 - 8	4 minutes
Ages 9 - 10	6 minutes
Ages 11 - 12	7 minutes
Ages 13 & up	10 minutes

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

# MSMTA Spring Festival: Solo String Instruments Application

- Please **DO NOT ENTER** this event if you, the participating teacher, will not be available to assist with this event. If you violate this rule, you will not be allowed to enter this event next year.
- Application forms and checks must be filled out by the MSMTA teachers only.
- Do **NOT** send by mail that requires signature.
- Parents and students should not contact the chair.

Instrument: \_\_\_ Violin \_\_\_ Viola \_\_\_ Cello

Name of Student: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Years of Private Study: \_\_\_\_\_

Competitive:  Yes  No (Mark No if you are last year's winner)

## Composition to be Performed

*(List all data such as opus, key, movement number; etc.*

*If the piece is from a collection, please identify the name of the collection)*

Composer	Title	Movement	Performance Time
1) _____	_____	_____	_____
2) _____	_____	_____	_____

Teacher's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*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 the 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.*

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