

ASTA/Tennessee Certificate Program for Strings Performance Exams Application Form

Exam Date	Location	Application Deadline Postmark
April 26, 2008	University of Tennessee, Knoxville	March 26, 2008

Name of Student _____ Grade _____ Age _____

Address _____

Phone _____ E-mail _____

Using Accompanist Circle YES or NO

Teacher's Name _____ Phone _____ E-mail _____

Address _____

Teachers: Enter preferred dates and time for helping as MONITOR, as needed _____

Teacher membership in ASTA with NSOA is required.

The signature(s) below indicate(s) that I understand the rules governing this event and agree to abide by them.

Teacher's signature: _____

Teachers, please duplicate applications as needed. Collect all fees and application forms.

Make out one check to Tennessee-ASTA, and send to:

Melissa Allen, Certificate Program
6724 Arapahoe Lane, Knoxville, TN 37918
Tel: (865) 219-9142
email: mallen@tnasta.org

Instrument _____ Level _____

Check box if appropriate: Level B Comments Only Honors

Works to be performed:

1. Title _____ mvt _____ Composer _____

2. Title _____ mvt _____ Composer _____

3. Title _____ mvt _____ Composer _____

4. Etude _____ Composer _____

5. Scales and Arpeggios _____