



American String Teachers Association Greater Los Angeles Section

43RD Annual Bowed Strings Solo Recital/Competition

2008 APPLICATION FORM
(TYPE OR PRINT CLEARLY)

Student Name _____ Instrument _____

Address _____
(street) (city) (zip)

Email address (to receive notifications) _____

Phone _____ - _____ Birthday _____ Age _____
(month/day/year)

Name of School _____ Current Grade: _____

School Address _____
(street) (city) (zip)

Division: Elementary Intermediate Pre-college Young Adult

Select one: Entry for Competition Entry for Recital and Evaluation only... No. of years studied _____

Composition _____
title - key - opus no.

movement # _____ movement title/tempo _____

Composer _____

Playing time _____ Accompanist _____

ASTA Area No. _____ Area Chairperson _____ Phone _____ - _____

Date of Area Recital/Competition _____ Location _____

Name of Private Teacher (Print clearly) _____

Email _____ Home Phone _____ - _____ Cell Phone _____ - _____

Signature of Private Teacher _____ Membership # _____ Expiration date _____

Teacher's Address _____
(street) (city) (zip)

I certify that all of the above information is accurate and true.

Student Signature _____

[if student is 10 or younger] Parent Signature _____

Mail a non-refundable check for \$40 with this application to your Area Chairperson [see chairperson list]
Make your check payable to ASTA - LA Section. Attach a photocopy of the student's birth certificate.
The fee for Competition Finals (if you are selected) will be an additional \$40