FIFTEENTH ANNUAL SHEPHERD UNIVERSITY HONOR MUSIC FESTIVAL

Teacher Nomination Form

Please return this form by October 5, 2018

MAIL: Shepherd University Music Department Honor Festival, P.O. Box 5000, Shepherdstown, WV 25443
FAX: 304-876-0955 • **EMAIL:** ealzona@shepherd.edu

TEACHER NAME_____

SCHOOL NAME_____ Email_____

SCHOOL MAILING ADDRESS_____

PHONE_____ FAX _____

Please recommend your top students in order of ability.

Instrument / Voice part _____ ❑ Honor Wind Ensemble ❑ Honor Jazz Ensemble ❑ Honor Choir

Current Status: ❑ Junior ❑ Senior ❑ I recommend this student to perform in the master class

First name: _____ Last name: _____

Address:_____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Recommended voice or instrument part (eg: trumpet 1, trumpet 2, soprano 2, alto 1, etc.) primary: _____ secondary: _____

Check all that apply:

❑ All-County (chair:___) ❑ All-Region (chair:___) ❑ All-State (chair:___) ❑ Other: _____

Circle rating (5=highest):

Intonation: 1 2 3 4 5 Tone (Instrument only): 1 2 3 4 5 Sight Reading: 1 2 3 4 5 Overall Ability: 1 2 3 4 5

Comments:

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Check all that apply:

❏ All-County (chair:___) ❏ All-Region (chair:___) ❏ All-State (chair:___) ❏ Other: _____

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Comments: