

Eleventh Annual
MIDDLE SCHOOL FLUTE SHOWCASE
Sponsored by the George B. Tack Memorial Committee

Auditions for the award will be held on **Saturday, April 22, 2017**
from 8:30 A.M. to 11:30 A.M. at Friends University, Choral Room (C6),
Riney Fine Arts Building

Recital and presentation of awards will be held at 11:30 A.M. in Alumni Auditorium
in the Davis Building (Clock Tower Building)

1. **AWARD:** Certificates will be awarded for First, Second and Third place winners.
2. **ELIGIBILITY:** Anyone presently in the 6th-8th grade who resides in the state of Kansas is eligible to audition.
3. **APPLICATION FEE:** A fee of \$10.00 should be mailed with your application. Checks may be made payable to the ***George B. Tack Memorial Committee***. This fee will not be refunded if the contestant fails to audition.
4. **APPLICATION DEADLINE:** Applications must be received on or before **April 8, 2017**. We will notify you of your performance time through your email address provided below, approximately one week prior to the competition. Should the number of applicants exceed the amount of audition times; applications bearing the earliest postmark will have priority. Applications **MUST** include their accompanist's name in order to be entered in the competition.
5. **AUDITION REQUIREMENTS:**
 - a. Length - approximately 2-5 minutes
 - b. Repertoire - One work from the standard flute repertoire with piano accompaniment
 - c. Memorization is encouraged by not required.
 - d. Contestants must arrange for their own accompanist.
 - e. One copy must be provided for the judges. No unauthorized copies of copyrighted material will be accepted.

QUESTIONS: If you have any questions, please call: Amy Hoffman, (316)-721-3738 or email at abhoffman1@cox.net. You may make additional copies of this application.

APPLICATION FORM FOR THE 2017 GEORGE B. TACK MIDDLE SCHOOL FLUTE SHOWCASE

Please complete and mail together with your \$10.00 application fee to:
Kristin Shaffer, 1527 W. 20th, Wichita, KS. 67203.

Your application must be received on or before April 8, 2017. PLEASE TYPE OR PRINT!!
(Make checks payable to the *George B. Tack Memorial Committee*)

NAME _____ GRADE _____

EMAIL ADDRESS: _____

ADDRESS _____ CITY _____ ZIP _____

PRIVATE FLUTE TEACHER _____

PRIVATE FLUTE TEACHER EMAIL ADDRESS: _____

ACCOMPANIST NAME (**required**): _____

AUDITION REPERTOIRE:

TITLE	MOVEMENT	COMPOSER
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I hereby certify that I qualify to enter this audition and will comply with all rules and conditions outlined in this audition bulletin.

SIGNED: _____

If selected as a winner, I grant the George B. Tack Memorial Flute Committee permission to post my picture and name on their Facebook site (<https://www.facebook.com/tackflute>) and their Website (www.tackflute.weebly.com).

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____