

SOUTH CAROLINA MUSIC TEACHERS ASSOCIATION

AUDITIONS REPORT

Please send one copy to the SCMTA President and to the SCMTA State Piano Chair.

Chairperson: _____

Address: _____

District Number: _____

Auditions Date: _____ Report Date: _____

	<u>Div. I</u>	<u>Div. II</u>	<u>Div. III</u>	<u>Div. IV</u>	<u>Total</u>
Number of Participants	_____	_____	_____	_____	_____
Ratings: Outstanding	_____	_____	_____	_____	_____
Excellent	_____	_____	_____	_____	_____
Good	_____	_____	_____	_____	_____
Satisfactory	_____	_____	_____	_____	_____

Adjudicators: (continue on back if necessary)