**Clinton County Music Educator’s Association**

**Honors Recital Information & Application**

The Clinton County Music Educators Association will be sponsoring an Honors Recital on **Sunday, May 19** in the Plattsburgh High School Auditorium at 7:00 pm. The Honors Recital will showcase Clinton County students who have achieved a high level of music performance.  Selection will be based upon the student’s performance at this year's NYSSMA Evaluation Festival. High achieving soloists and chamber ensembles of **ALL LEVELS** are invited to apply. Selected soloist/chamber ensembles will perform, for the general public, the music prepared for the NYSSMA Evaluation Festival.

**Please note: All instruments, voice and chamber ensembles are invited to apply.** Chamber ensembles applying for participation must have a completed application for each member of the ensemble.

Students participating for comments only at this year’s evaluation festival may apply but must include the current year's evaluation form and the previous year's graded evaluation form with the application.

Students applying to participate in the Honors Recital must be accompanied, unless they are performing an unaccompanied work. A piano will be available at the dress rehearsal and performance. Performance should not exceed six minutes. Due to time limitations only one movement of a multi-movement can be performed. Students must indicate on the application form the movement they would like to perform.

**All participants must attend a dress rehearsal in the Plattsburgh High School Auditorium. Students must indicate on the application form the approximate time when they are available to rehearse. Students must check with their accompanist and notify them of rehearsal times. NOTE: Two dress rehearsal date options are available: Wednesday, May 15 (between 3:00pm-6:00pm) and Sunday, May 19 (between 12:00pm-3:00pm)**

Students wishing to be considered to participate in the recital must submit the completed application and attach a copy of this year's NYSSMA Evaluation form.

The selection process for this event is as follows in order of consideration:

 1. NYSSMA solo level and grade

 2. Balance of the program

 3. School representation

4. School grade level

Applications must be received by **3:00pm on Friday, May 10, 2018** to be considered. Please reduce the size of the NYSSMA Evaluation sheet before faxing so that all of the information is present. Completed forms with the current year’s NYSSMA solo adjudication sheet attached can be either mailed, faxed or e-mailed to:

Patrick Towey

Plattsburgh High School

1 Clifford Drive

Plattsburgh, NY 12901

Fax: (518)-561-1895

ptowey@plattscsd.org

**Please fill out the application form completely. Incomplete forms and/or forms not accompanied by a copy of the current year’s NYSSMA solo adjudication sheet will not be considered.**

In the event that there is a lack of qualified applicants, the CCMEA reserves the right to cancel the event.

Teachers will be notified with the results of the selection committee by email no later than Monday, May 13, 2019.

*Please photocopy the attached application as needed.*

Please fill out completely. Attach the current year’s NYSSMA Evaluation Sheet, and e-mail, mail or fax to: Patrick Towey, Plattsburgh High School, 1 Clifford Dr., Plattsburgh, NY 12901

Fax- (518)-561-1895, E-mail: ptowey@plattscsd.org

Completed application must be received by Friday, May 10 by 3:00 to be considered.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instrument/Voice/Ensemble Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Grade: \_\_\_\_\_\_\_\_\_ NYSSMA Level: \_\_\_\_\_\_\_\_\_\_\_ Numerical Score: \_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of music selection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title and/or tempo marking of the one movement you would like to perform: (Only one movement, please.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Composer: (First and last name.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First and Last Name of accompanist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, the student agrees that if selected s/he will attend both the dress rehearsal (either 5/15 OR 5/19) and the Honors Recital on Sunday, May 19 at 7:00 pm. Dress Rehearsal and performance is in the Plattsburgh High School Auditorium.

**\*\*It is the student performer's responsibility to check the availability of the accompanist for both the dress rehearsal and the recital.**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

If accepted, I will attend the dress rehearsal on (circle one):

 **Wednesday, May 15** **Sunday, May 19**

Approximate time I can rehearse (5/15 between 3:00-6:00 pm, 5/19 between 12:00pm-3:00pm) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Music Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

School Music Teacher E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_