

**APPLICATION FOR THE AUDITIONS
for the
MILWAUKEE MUSIC TEACHERS ASSOCIATION
ARTIST & DEBUT SERIES**

Applicant's name _____

Address _____
City State Zip Code

Phone/Text _____ E-Mail _____ Age _____

Type of program:

_____ Artist: 18 – 35 years of age; 1 hour program

_____ Debut: 16 – 30 years of age; 40 - 45-minute program

Classification:

_____ Voice (Voice Type _____) _____ Piano _____ Violin _____ Viola

_____ Cello _____ Other: _____

_____ Ensemble (Explain kind of ensemble and list members):

Name of collaborative pianist: _____

On a separate sheet, please list performance experience (including public performance requirements), education and awards.

Name of present teacher (MMTA member) _____

How long? (minimum 6 months) _____

Other teachers and coaches with whom you have studied, and approximate dates:

I, the undersigned, hereby apply for participation in the DEBUT / ARTIST (circle one) Auditions held under the auspices of the MILWAUKEE MUSIC TEACHERS ASSOCIATION, INC. The registration fee is enclosed (Artist: \$35.00; Debut: \$35.00; \$20.00 for each member of an ensemble). It is further understood that audition performances shall be entirely from memory.

Applicant's Signature

Teacher's Signature

Please mail to Jenny Gettel, 390 Streamside Court, Grafton, WI 53024
or email to jennygettel@gmail.com

APPLICATIONS ARE DUE MONDAY, DECEMBER 16, 2025

