Neatly print your name as you would like it to appear on the program.

First Name ____________________________          Last Name ____________________________
Instrument _____________________      Grade _____  School  ____________________________
Orchestra Director  ___________________________________

Have you been in All-Region Orchestra before? __________        How many years? __________
How long have you played? _____  Do you study privately? _____  For how long? ______

Parent or Guardian Signature   _________________________________________  
(Required!)

Please understand that if the student is selected, he/she should be prepared to participate on the day of this event! The concert is free and open to the public. Families and friends are invited to attend!

CIRCLE ADULT SHIRT SIZE:     S     M     L     XL     XXL

Your Orchestra Director will complete the evaluation below:

I. Please circle the student’s rating (6 being the best) - see rubric for additional information

   1. Intonation          1  2  3  4  5  6
   2. Bow Usage           1  2  3  4  5  6
   3. Shifting/Positions  1  2  3  4  5  6
   4. Posture             1  2  3  4  5  6
   5. Vibrato Usage       1  2  3  4  5  6
   6. Reading Skills      1  2  3  4  5  6
   7. Level of Music      1.5 2.0 2.5 3.0 3.5 4.0

II. Other information about the playing ability of the student may be included below (tone, intonation, scales, etc.)  Try to list only musical skills, not personal traits.