

For students who are active members of the ensemble, and participate at least 50% of the time.

FORM "B" - MASTER LIST--RCMEA

Ensemble _____

JAC

January 6 - 7 (8), 2012

Fieldstone Secondary School

Music Teacher's Name: _____ District _____ School _____								For RCMEA use only:
School Address _____ Fill out below completely for each student (please print)								
Students listed in order of preference, regardless of inst/voice	Student's preference, if applying for other group(s) (B,C,O)	Instrument/Voice Part (S1,S2, A,T,B)	Last Name	First Name	Grade in school	Has student participated in other RCMEA Festivals? If yes, indicate years.	NYSSMA? If yes, list most recent Lvl/score(s); copy must be attached	Will student be a member of Area AS, All State or All Eastern this year? If yes, please indicate which one(s).
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**A Copy MUST be emailed by 11/7/11 to president@rcmea.org
No Exceptions!**