

School Name: _____ MPA Location: _____

Ensemble Name: _____ MPA Date: _____

Name preferred to be printed on the award certificate.

Rating to be Printed on Certificate: Superior/Excellent/Good/Fair or Outstanding/Advanced/Proficient/Basic
Check or click on one.



**PMEA ADJUDICATION
MUSIC PERFORMANCE ASSESSMENTS
PERCUSSION ENSEMBLE
REGISTRATION**

School District: _____

County: _____ PMEA District #: _____

Principal: Circle one - Dr. Mr. Mrs. Ms. _____

School Address: _____

Director: _____

Preferred Contact Email: _____

School Phone: _____ Emergency Contact Cell Phone: _____
Day of Event

Number of Student Members: _____ # Music Stands Needed: _____

Piano needed? YES NO
Check or click on one.

On behalf of the participating students, we agree to abide by the policies and procedures of *PMEA Adjudication*.

Principal's Signature

Date

Director's Signature

Date

Please mail this form and the check for the Registration Fee issued payable to PMEA to the MPA host no later than four (4) weeks in advance of the event. Attach a copy of the director's current MENC/PMEA membership card. Forms and checks may be mailed separately.

Registration Fee: PMEA Members or MEA members in neighboring states = \$150 Non-PMEA Members = \$180



MPA REGISTRATION – PAGE 2

ENSEMBLE PROFILE: PERCUSSION ENSEMBLE

SCHOOL NAME: _____

PREPARED PIECES:

FIRST PIECE	
Title: _____	Composer/Arranger: _____
Year Published: _____	Grade Level Provided by Publisher (if any): _____
SECOND PIECE	
Title: _____	Composer/Arranger: _____
Year Published: _____	Grade Level Provided by Publisher (if any): _____
THIRD PIECE	
Title: _____	Composer/Arranger: _____
Year Published: _____	Grade Level Provided by Publisher (if any): _____

PERFORMANCE CONTEXT: Check or click on one. RATING COMMENTS ONLY

<p>THIS ENSEMBLE'S STATUS AT THIS SCHOOL: Check or click on one.</p> <p><input type="checkbox"/> Only Percussion Ensemble</p> <p><input type="checkbox"/> Top Percussion Ensemble</p> <p><input type="checkbox"/> Second Percussion Ensemble</p> <p><input type="checkbox"/> Other _____</p>	<p>REHEARSAL CONTEXT: Check or click on one.</p> <p><input type="checkbox"/> Scheduled Class</p> <p><input type="checkbox"/> After School</p> <p><input type="checkbox"/> Combination</p> <p><input type="checkbox"/> Other _____</p>	<p>AVERAGE # MINUTES OF REHEARSAL TIME PER 5-DAY WEEK: Check or click on one.</p> <p><input type="checkbox"/> <50 <input type="checkbox"/> 151-200</p> <p><input type="checkbox"/> 51-100 <input type="checkbox"/> 201-250</p> <p><input type="checkbox"/> 101-150</p> <p><input type="checkbox"/> Other: _____</p>	<p>GRADE LEVELS OF STUDENT MEMBERS OF THIS ENSEMBLE: Check or click on all that are included.</p> <p><input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 10</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 11</p> <p> <input type="checkbox"/> 9 <input type="checkbox"/> 12</p>
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SCHOOL DISTRICT'S HIGH SCHOOL PIAA CLASSIFICATION FOR FOOTBALL
- to convey relative size of the district:
Check or click on one. A AA AAA AAAA