

**CONNECTICUT STATE MUSIC TEACHERS ASSOCIATION FAIRFIELD
CHAPTER TWELFTH ANNUAL FESTIVAL AUDITION**

December 7th, 2025

APPLICATION FORM

Teacher: _____

Teacher Address*: _____

Phone*: _____ Email*: _____

Instrument: _____

Student name: _____ Date of birth: _____

Number of years studied: _____

Selection #1: _____

Composer: _____

Duration: _____

Selection #2 (if applicable): _____

Composer: _____

Duration: _____

Selection #3 (if applicable): _____

Composer: _____

Duration: _____

*Teachers need fill out their address, phones, and email only once. For additional students, it's fine to list your name only.