

**ALABAMA BANDMASTERS ASSOCIATION
ADJUDICATORS APPLICATION FORM**

Name _____ Address _____

City _____ State _____ ZIP _____ Home Phone(_____) _____

Office phone (_____) _____ Cell Phone (_____) _____

E-Mail _____

Current position/location _____

Yrs. Exper. in Music Ed. _____ MENC Member? Yes No Maj. Instr. _____

Professional playing experience _____

Clinic experience _____

Years of teaching experience: Elementary level _____ ; Jr. High Level _____ ;

Sr. High Level _____ ; College level _____

EMPLOYMENT RECORD

_____ 19__ TO 19__ _____ 19__ TO 19__

_____ 19__ TO 19__ _____ 20__ TO 20__

CONCERT BAND FESTIVAL RATINGS (Past 5 years) *This must be the highest level in your state.*

Year	Rating	Year	Rating
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional or music organization memberships _____

Check the areas for which you wish to apply: _____ Alabama Bandmasters Music Performance Assessment

Solo and Ensemble: _____ Woodwind _____ Brass _____ Percussion _____ Stage band

This completed form must be sent, with three (3) letters of recommendation, to the President of the Alabama Bandmasters Association.