

Florida Vocal Association

Adjudicator Application

Please **TYPE** all information

NAME: (circle one) MR., MRS., MS., DR., _____

SCHOOL/INSTITUTION: _____ POSITION: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DISTRICT: _____

SCHOOL PHONE: () _____ EXT: _____ FAX: () _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ EMAIL: _____

PLEASE CHECK THE CATEGORIES IN WHICH YOU ARE INTERESTED AS AN ADJUDICATOR:

_____ Choral _____ Vocal Solo _____ Sight Reading and Student Conducting
_____ Ensemble _____ Piano Solo _____ Special Category

PLEASE LIST THE NUMBER OF YEARS OF EXPERIENCE IN EACH AREA AS FULL TIME POSITION:

Middle/Junior High School: _____
High School: _____ Years at present school: _____
College/University: _____
Private Studio: _____ Total years experience: _____
Church/Synagogue: _____
Other: _____

PLEASE LIST THE FINAL RATING YOUR CHORUS HAS EARNED AT DISTRICT FESTIVALS THE PAST FIVE YEARS:

Year: _____ Year: _____ Year: _____ Year: _____ Year: _____
Rating: _____

HAVE YOU SUCCESSFULLY COMPLETED AN ADJUDICATOR TRAINING SESSION? No YES DATE: _____

OUT OF STATE APPLICANTS:

ARE YOU LISTED ON YOUR STATE'S ADJUDICATOR LIST? No YES STATE: _____

I certify that the information above is accurate, to the best of my knowledge.

Signature of applicant: _____ Date: _____