JOHN MICHAEL KOHLER ARTS CENTER
SENIOR HONOR RECITAL COMPETITION
AUDITIONS - Wednesday, February 5, 2020
Application Form (please print or type)

Student Name ________________________________________________________________

Street Address ___________________________________ City __________________ State _____ Zip _________

Telephone ___________________________________ Email __________________________________

Name of School ______________________________________________ County ______________

(Students who are graduating high school seniors in Sheboygan County or graduating high school senior students of Michibago Music Teachers are eligible to compete; students must be graduating in May or June 2020)

Instrumental or Vocal Classification ____________________________________________________________

If Ensemble, please list other members in group:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please list compositions in the order they will be performed. Total performance not to exceed ten minutes.

Selection 1

Title of Composition ____________________________________________________________

Composer _____________________________

Selection 2

Title of Composition ____________________________________________________________

Composer _____________________________

Selection 3

Title of Composition ____________________________________________________________

Composer _____________________________

For Music Teacher

I hereby affirm that ___________________________________________________ is a member of the senior class at

__________________________________________ High School and that he/she will graduate with his/her class in May or June 2020 and

is thereby eligible to audition for the Art Center’s Senior Honor Recital Competition.

Name of Teacher _____________________________ Teacher’s Signature ____________________________

For Parent(s)

I hereby consent to my child’s participation in the Arts Center’s Senior Honor Recital Competition. I agree that the
decision of the judges will be final. If an ensemble winner, I understand that the award amount is to be shared as a group.

Name of Parent(s) _____________________________ Parent(s) Signature __________________________

Please deliver in person or mail to:
JOHN MICHAEL KOHLER ARTS CENTER
ATTN: Kayla Becker
608 New York Avenue
Sheboygan, WI 53081

Or email to: kbecker@jmkac.org

Application Deadline: Friday, January 17, 2020

*THIS FORM MAY BE DUPLICATED*