

NEVADA ASTA STATE SOLO COMPETITION APPLICATION

NAME _____

ADDRESS _____

CITY _____ ZIP _____

AGE _____ PHONE _____

EMAIL _____

CHECK ONE:

SENIOR DIVISION _____

JUNIOR DIVISION _____

INSTRUMENT (CIRCLE ONE)

VIOLIN VIOLA CELLO BASS GUITAR HARP

REPERTOIRE TO BE PERFORMED (In addition to the required work)

When possible, we will give you a time preference. Please indicate by checking the following box

A.M. time (before Noon) _____ P.M. time (after Noon) _____

PLEASE REMEMBER TO:

1. Include a copy of an official document stating the student's birth date
2. Include a check for \$30 made payable to: NASTA
3. Checks payable to NASTA. Please send checks and application to:
Barbara James, NASTA Solo Chairperson
7928 Mustang Canyon Street
Las Vegas, NV 89113