



(to be completed by teachers of all eligible Level X candidates)

(please type or print clearly)

Name of Student _____ Phone _____

Email Address _____

Name of Teacher _____ Phone _____

Email Address _____

Shipping Address _____

Awards

_____ Medal: students must participate in a minimum of 2 Lower Division and 3 Upper Division exams, or in all 4 Upper Division exams, with any combination of Evaluation, Demonstration, or Audition/Creative Audition.

_____ Plaque & medal: students must participate in a minimum of 2 Lower Division and 3 Upper Division **Evaluations**, or in all 4 Upper Division **Evaluations**.

Student's Participation in Syllabus Exams (list year & exam type Eval/Demo/Aud/CrAud):

Lower Division 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Upper Division 7 _____ 8 _____ 9 _____ 10 _____

Recital

The Level X recital is on the first Sunday in June, at 2 & 3:30 PM. There is no Winter Recital.

Recital Location is Portland Piano Company, 8700 NE Columbia Blvd, Portland OR 97220

_____ My student **will play** in the Level X Recital. Performance length _____ (6 minute max)

Name of piece _____

Composer _____

_____ My student **will not play** in the Level X Recital.



Shipping

Awards are shipped once a week. Plan ahead when ordering to avoid last minute hassles.

- I will pick up a medal at no charge from the Lacie Mitts Studio.
- I will pick up a plaque at no charge from the Lacie Mitts Studio.
- I enclose \$6.00 to cover shipping & tracking number for one medal.
- I enclose \$14.00 to cover shipping/tracking for one plaque and one medal.

Letter of Recognition

All students who complete a Syllabus Level X Evaluation are eligible to receive a letter of explanation to include with college applications. Please contact the OMTA Syllabus Chairman separately for this letter, at heidievspiano@gmail.com

I understand that this application must be received by the recital chair, Lacie Mitts, no later than May 24th for my student to receive their awards and/or play in the state recital.

Signature of Teacher _____ Date _____

Total Enclosed: \$_____ Please make out the check to Lacie Mitts.

RETURN THIS FORM TO:

Lacie L. Mitts, 3840 NW Columbia Ave, Portland, OR 97229

Questions? Contact Lacie Mitts: musicbeauty.studio@gmail.com