2016-17 MMEA Young Composer’s Project
Application Form

INDIVIDUAL SUBMISSION

NAME: ____________________________________________________________

BIRTH DATE____/_____/____GRADE_______

ADDRESS_________________________________________________________

CITY___________________________STATE_MD_ ZIP CODE__________

TELEPHONE (_______)________________________

PARENT/ GUARDIAN_____________________________________________

EMAIL__________________________________________________________

SCHOOL NAME _______________________________________________

SCHOOL ADDRESS____________________________________________

TITLE OF COMPOSITION_______________________________________________

WORK SUBMITTED REFLECTS CREATING STANDARDS FOR (Circle one):

• PK-8: select, grade  2   5   8 or level,

• Middle School: NOVICE INTERMEDIATE

• High school: select PROFICIENT         ACCOMPLISHED     ADVANCED

MUSIC TEACHER____________________________________

SCHOOL PHONE______________

E-MAIL____________________________________________________________

I certify that the work submitted is original and has not been published. I understand that I retain all rights, including copyrights, and that MMEA will retain all materials.

SIGNATURE OF COMPOSER/ARRANGER: ________________________________
The Maryland Music Educators Association or its designee has my permission, in the event of a public performance or presentation, to photograph or to create an audio and/or video recording of my child at an MMEA sponsored/hosted event.

Please check: Yes______ No_____

The Maryland Music Educators Association or its designee has permission to post work submitted on the MMEA website.

Please check: Yes____No____

Media releases will be provided for all performers of my composition.

Please check: Yes___No___

SIGNATURE OF PARENT/GUARDIAN:________________________DATE____

SIGNATURE OF MUSIC TEACHER:______________________________

NAfME/MMEA Membership Number___________________________

PRINCIPAL (TITLE)_________________________________________

MUSIC SUPERVISOR_________________________________________

SUPERVISOR’S E-MAIL ADDRESS_________________________________

SUPERINTENDENT(TITLE)_____________________________________

MAILING ADDRESS__________________________________________

__________________________________________________________

Please send completed form, score, and recording by May 1, 2017 to:

Young Composers Project
c/o Richard Disharoon
MMEA Office
791 Aquahart Rd., #117
Glen Burnie, MD 21061