Maryland Band Directors Association

Music Review Submission Form

Any MMEA/MBDA member may submit music to be considered for addition or revision to the MBDA Music List. Electronic submissions are preferred but hardcopies are welcome. Send a complete score, a full recording of the music, and a completed copy of this form for each selection to:

Cliff Whitford, MBDA Music List Chair,
22260 Scott Circle OR cliffwhitford@gmail.com
Lexington Park, MD 20653.

All hardcopies will be returned to the nominating teacher after review. Please submit this form for each selection to be reviewed. Deadlines for receipt for upcoming Music Reviews:
June 1, 2018, for the summer review for the 2018-19 school year
December 1, 2018 for the winter review for the 2018-19 school year

Submitter information:
Name: ____________________________________ NAfME #: ___________________________
School/Company: ______________________________________________________________
Address: ______________________________________________________________________
______________________________________________________________________________
Email: ________________________________________________________________________
Phone: (H) ________________________________ (W) ________________________________
(Other) _____________________________

Please send questions to cliffwhitford@gmail.com or to tjburroughs@smcps.org

Please make comments regarding the piece that will help the committee (if the selection should be listed for more than one instrument, solo/ensemble instrumentation, if it is already listed by another state and at what level, etc). Use the back of the form if additional space is required. Please only use the multiple submission page (Page 2) if submitting more than one work and copy as necessary.

Festival/Assessment Season.
(Check one List) ___ Band ___ Solo ___ Ensemble
(Check One) ___ Revision ___ Deletion ___ Addition

Title: _________________________________________________________________________
Composer(s) (first and last names): ________________________________________________
Arranger(s) (first and last names): ________________________________________________
Publisher: ___________________________________ Duration _________________________
Category: ________________________________ Suggested Grade: ___________
Comments: _____________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Multiple Submission page - all submissions must include page 1

(Check one List) ___ Band ___ Solo ___ Ensemble

(Check One) ___ Revision ___ Deletion ___ Addition

Title: _________________________________________________________________________

Composer(s) (first and last names): _________________________________________________________________________

Arranger(s) (first and last names): _________________________________________________________________________

Publisher: _________________________________________________________________________ Duration

Category: _________________________________________________________________________ Suggested Grade: ___________

Comments: _________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

(Check one List) ___ Band ___ Solo ___ Ensemble

(Check One) ___ Revision ___ Deletion ___ Addition

Title: _________________________________________________________________________

Composer(s) (first and last names): _________________________________________________________________________

Arranger(s) (first and last names): _________________________________________________________________________

Publisher: _________________________________________________________________________ Duration

Category: _________________________________________________________________________ Suggested Grade: ___________

Comments: _________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

(Check one List) ___ Band ___ Solo ___ Ensemble

(Check One) ___ Revision ___ Deletion ___ Addition

Title: _________________________________________________________________________

Composer(s) (first and last names): _________________________________________________________________________

Arranger(s) (first and last names): _________________________________________________________________________

Publisher: _________________________________________________________________________ Duration

Category: _________________________________________________________________________ Suggested Grade: ___________

Comments: _________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Page 2