

RCMTG CONCERTO COMPETITION APPLICATION FORM 2025

This form must be completed and mailed by the teacher.

Student First Name_____Last Name_____Tel.#_____

Student Address_____E Mail_____

Instrument/Voice_____

Student Age (as of May 2025)_____Grade in School_____

Name and location of Student's School_____

Seasons studied with present teacher_____ (must be at least 1 season)

Signature of present Teacher_____ (member of RCMTG)

Concerto movement **MUST** be memorized, two other works are not required to be from memory. N.B. Accompanist **can** be the student's teacher.

COMPOSER

TITLE

1)_____

2)_____

3)_____

Exact timing of program_____

N.B. - Please include EXACT TIMING of entire program

APPLICATION FEE: \$30 for 10 minutes, \$40 for 20 minutes. Programs that are longer than 20 minutes: \$50. Make checks payable to: RCMTG and mail to: Christine Renstrom, 67 Greenbush Road North, West Nyack, NY 10994.

Application MUST be received by mail by Friday, April 5th, 2025.