

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 4th, 2025.