

Mississippi Choral Art Festival
Approval Form Due December 1

FORM 8

School: _____

Address: _____

City: _____ Zip: _____

Choral Director's Name: _____ School Phone: _____

Home Address: _____ Home Phone: _____

City: _____ Zip: _____

Basis for Application: (Check One)

_____ New program established within the past three years. Date established _____

_____ Existing choral program has not attended District Festival in the previous three years.

Reason for non-participation: _____

_____ High director turnover rate in program. Number of directors in the past three years _____

_____ First-year teacher

_____ Existing program chooses not to compete in District Festival.

Reason for non-participation: _____

The Executive Board of MMEA Junior High School Choral Division must approve application.

Send by DEC 1 at top of page to:

Joel Hill, President-Elect
105 Elm Court
Madison, MS 39110
C 601.668.9148
Email: jhill@madison-schools.com

_____ Approved _____ Denied Date _____

Comments: _____

**MISSISSIPPI CHORAL ART FESTIVAL
REGISTRATION FORM DUE JANUARY 12**

FORM 9

SCHOOL _____

ADDRESS _____

CITY _____ ZIP _____

CHORAL DIRECTOR _____

Please indicate the following for your groups (circle one): Comments Only Ratings

Total number of students _____ X **\$5.00** per student = \$ _____
(number in choir + number in any ensemble performing = total) Enclosed

Mileage to Pearl High School, Pearl, MS from your school: _____

Selections to be performed: Prescribed List & page number **OR** By approval of mentor or festival chairman
(Circle One)

1. _____ Prescribed Music List _____ page # _____ YES NO

2. _____ Prescribed Music List _____ page # _____ YES NO

Type of Group: Write in blank the Number of Singers / Grade Level(s).

Choir (Circle One): SATB ___ / ___ SAB ___ / ___ TTBB ___ / ___ SSA ___ / ___ OTHER: ___ / ___

Ensemble (Circle One): Madrigals ___ / ___ Mixed Ensemble ___ / ___

 Quartet 4 / ___ Sextet 6 / ___

Principal's Signature

Choral Director's Signature

Make check / purchase order payable to :

Mississippi High School Activities Association (MHSAA) for 7th-12th grade choirs.
AND/OR

Mississippi Music Educators Association (MS MMEA) for 6th grade only choirs.

Mail check and registration to:

Joel Hill, President-Elect
105 Elm Court
Madison, MS 39110
C 601.668.9148
Email: jhill@madison-schools.com

MISSISSIPPI CHORAL ART FESTIVAL
CLINICIAN COMMENT FORM

FORM 10

Rating (optional)

Clinician

SCHOOL _____

TYPE OF GROUP _____ NUMBER IN GROUP _____

TITLE OF SELECTIONS: 1. _____

2. _____

___ Accuracy (20 points possible): *(correct pitches & rhythms)*

___ Tone (15 points possible): *(beauty, vitality, warmth)*

___ Intonation (10 points possible): *(vertical & horizontal)*

___ Diction (10 points possible): *(purity of vowels, clarity of consonants)*

___ Balance (10 points possible): *(between sections)*

___ Blend (10 points possible): *(within sections)*

___ Technique (10 points possible): *(breathing, attacks, releases)*

___ Interpretation (10 points possible): *(historical style, dynamics, tempo, mood)*

___ Other (5 points): *(stage deportment, facial expressions, etc.)*

Ratings Scale:

I-Superior-85-100

II-Excellent-75-84

III-Good-65-74

IV-Fair-55-64