MHSAA/MMEA CHORAL ART FESTIVAL
APPROVAL FORM - DUE BY DECEMBER 1, 2019

(Please complete a separate form for each performing group for which you are requesting approval.)

SCHOOL NAME: ________________________________________________________________

SCHOOL MAILING ADDRESS: ______________________________________________________

CITY: ___________________________ ZIP: __________________________

CHORAL DIRECTOR: ______________________ SCHOOL PHONE: (____) _____ - ________

CELL #: (____) _____ - ________ E-MAIL: ____________________________________________

GROUP TYPE (SAB, SSA, Etc.): ______________________ # OF STUDENTS: _______

Basis for Application: (Check All That Apply AND Include a Full Explanation Below.)

___ First-year teacher
___ New program or group established within the past 3 years. (Date group was established _______)
___ Existing group has not performed at JH District Festival or HS SPA in the past 3 years
___ Existing group chooses not to compete in JH District Festival or HS SPA
___ High director turnover rate in program. (Number of directors in the past 3 years _______)
___ High student turnover rate in group
___ 6th Grade Choir (Note: 6th graders may not perform with any other grades.)
___ Conflict with the date(s) of JH District Festival or HS SPA
___ Other ________________________________________________________________

PLEASE provide a full explanation below:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

PLEASE MAIL OR E-MAIL APPROVAL FORM TO:

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

The CAF Approval Committee consists of the Executive Boards of the MMEA JH & HS Divisions.

_______ Approved ___________ Denied Date: ___________ CAF Coordinator Initials: __________

Comments: ________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
MISSISSIPPI CHORAL ART FESTIVAL
REGISTRATION FORM DUE JANUARY 18, 2020
(Approval “Form 8” must be submitted by December 1, 2019)

SCHOOL: ________________________________

SCHOOL ADDRESS: ________________________________

CITY: ___________________ ZIP: __________________

CHORAL DIRECTOR: ___________________ ACCOMPANIST: ___________________

CELL #: (___) _____ - _______ E-MAIL: __________________

Please select the desired option for your STAGE PERFORMANCE: _____ Comments Only _____ Ratings

Please select the desired option for the SIGHT READING ROOM: _____ Masterclass Only _____ Ratings

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

Performance Selections: Please indicate which prescribed list (FL, MS, or TX) OR by approval of mentor or chairman

1. __________________________ Prescribed Music List _____ page # ______

2. __________________________ Prescribed Music List _____ page # ______

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

Choir (Circle One): SATB____ / ____ SAB ____ / ____ TTBB____ / ____ SSA ____ / ____ OTHER: ____ / ____

Ensemble (Circle One): Madrigals ____ / ____ Other Ensemble ____ / ____ (* Voicing ______)

__________________________________________  _______________________________________
Principal’s Signature                       Choral Director’s Signature
(REQUIRED)                                  (REQUIRED)

PLEASE MAKE CHECKS 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 PAYMENT & 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

<table>
<thead>
<tr>
<th>Rating (optional)</th>
<th>Clinician</th>
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<tbody>
<tr>
<td>SCHOOL</td>
<td>SCHOOL CLASSIFICATION (1A, 2A, etc.)</td>
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<tr>
<td>TYPE OF GROUP</td>
<td>NUMBER IN GROUP</td>
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<tr>
<td>TITLE OF SELECTIONS:</td>
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<td>1.</td>
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<td>2.</td>
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___ 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.)

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**Ratings Scale:**
- I-Superior-85-100
- II-Excellent-75-84
- III-Good-65-74