TMEA 2025 HS MARIACHI REGION AUDITION CONTRACT

(PLEASE NOTE – This form is to be retained by the student's director and turned in at the chair audition upon selection into a regional ensemble.)

Please print or type – use first and last name as desired for printing in the program.

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Applicant First Name		M.I.	Last N	iama		Student ID	Grada	Instrument	Age	
Applicant First Name		MI.I.	Last N	ame		Student ID	Grade	Instrument	Age	
Circle one:										
Region only Region	n & All	state				_	_			
School House Street Addition						at:				
School Home Street Address						City	Zip	Student's pho	ne	
Father's Name Father's email					Mother's Name			Mother's email		
					•			Director contact information already on file.		
Parent Emergency Cell Phone Direct				Director's Name	tor's Name					
We, the undersigned, membership in the G and follow the code capplicant, I authorized. Applicant's signature	reater of cond e Regio	Housto uct of a	n Mari ın All-H	achi Ensembl Region Mariad	es We a chi memb medical	gree to attend over. As the pare	all schedu nt/legal g	led rehearsals uardian of the		
\$30.00 Audition fee enclosed				ch	check #		cash			
Checks made out to:	(schoo	l name))							
Auditions			Oct. 1	Oct. 18, Klein Oak HS			8:30 AM Roll call			
Mariachi / All-State recording				TBD by region			Roll call TBA			
Rehearsal with clinician					Mar. 6, Klein Collins HS			5:45 PM – 9:00 PM		
Rehearsal with clinician			Mar. 7	Mar. 7, Klein Collins HS			8:45 AM – Noon 1:45 PM – 3:45 PM			
CONCERT				Mar. 7	Mar. 7, Klein Collins HS			4:00 PM		
PLEASE NOTE: PI	ERFOR	MANC	E ATT	IRE SHALL B	E THE C	ONCERT UNIF	ORM OF	THE STUDEN	T'S	

PLEASE NOTE: PERFORMANCE ATTIRE SHALL BE THE CONCERT UNIFORM OF THE STUDENT'S SCHOOL ORGANIZATION.