



## *North Dakota Music Educators Association*

January 25, 2017

Dear Music Directors:

On behalf of the North Dakota Music Educators Association, I am pleased to announce the results of the auditions for the 51<sup>st</sup> NORTH DAKOTA ALL-STATE ORCHESTRA, MIXED CHORUS, TREBLE CHORUS, BAND, JAZZ BAND, and JAZZ CHOIR which will be held at the Bismarck Civic Center & Exhibition Hall in conjunction with the NDMEA Conference in March. Congratulations to all students who participated in the audition process!

Wind players, percussionists and vocalists have been assigned to the orchestra, band, jazz ensemble and choirs with balance in mind. As in the past, assignments to a part within a section were also made with balance in mind. Because of these assignments for instance, a 2<sup>nd</sup> clarinet player may have scored higher than a 1<sup>st</sup>.

String players please note the asterisk next to the names of the top players. These players will re-audition for chair placement prior to the first rehearsal in Bismarck.

If a selected student is not able to participate in this All-State event, **PLEASE NOTIFY ME IMMEDIATELY!** I will notify the alternate next in line to fill the vacancy. Also, **PLEASE NOTIFY ME IMMEDIATELY** with any corrections or misspellings.

Please use the enclosed form to mail registration fees to me at **MANDAN High School**. Checks should be made payable to NDMEA ALL-STATE. NAFME/NDMEA membership status is determined as of February 1. If you are not a member as of February 1, 2017 you must pay the non-member fee. Registration fees must be postmarked by February 17, 2017 or a late fee of \$50 will apply.

Admission will only be available at the door on the day of the concerts. All directors of participating students will receive free admittance.

Please make sure your students take care of the All-State Health form. This form must be filled out and sent along with the photos for the program to Cheryl McIntyre at **JAMESTOWN High School**. Students who do not turn in this form will not be allowed to participate in All-State.

The rehearsal and performance schedule, music, and all other pertinent information you will need concerning All-State will be mailed to you soon.

Again, congratulations to all! I look forward to seeing all of you in March.

Sincerely,

Jon Baumann  
ND All-State  
Auditions and Finance Manager  
jon.baumann@msd1.org

**2017**  
**ND ALL-STATE REGISTRATION**

**SCHOOL** \_\_\_\_\_

**DIRECTOR (S)** \_\_\_\_\_

NUMBER OF STUDENTS

\_\_\_\_\_ @ \$30.00 (NAfME Member)      \$ \_\_\_\_\_

\_\_\_\_\_ @ \$60.00 (Non-NAfME)      \$ \_\_\_\_\_

LATE FEE @ \$50.00 if postmarked after  
February 17, 2017      \$ \_\_\_\_\_

TOTAL ALL-STATE REGISTRATION      \$ \_\_\_\_\_

**REGISTRATION FEES MUST BE POSTMARKED BY FEBRUARY 17, 2017**

**MAIL THIS FORM AND FEES TO:**

**NDMEA All-State**  
**Attn: Jon Baumann**  
**MANDAN High School**  
**905 8<sup>th</sup> Ave NW**  
**Mandan, ND 58554**

Please list possible 4 year award recipients \_\_\_\_\_

# **ATTENTION!!!**

**The All-State Committee asks your help in providing us photos of All-State students for use in this year's concert program.**

**Please send a traditional "head and shoulders" photo of each student. Hard copy is preferred. Please print on the back of the photo the following information:**

**First and Last Name  
School  
Instrument or Voice Part  
All-State Ensemble he/she is a member of**

***Disrespectful or inappropriate photos will not be used in the program!***

**Send ASAP to:  
Cheryl McIntyre  
Jamestown High School  
1509 10<sup>th</sup> St NE  
Jamestown, ND 58401**

Or by email to: [cheryl.mcintyre@k12.nd.us](mailto:cheryl.mcintyre@k12.nd.us)

**Pictures MUST be received by February 17.  
After February 17, they will not be included in the printed program.  
Pictures will not be returned.**

**2017 North Dakota All-State  
Emergency Medical Treatment Form  
Due February 17 to Cheryl McIntyre Jamestown HS**

Name of Student \_\_\_\_\_

Director/Chaperone Cell Phone \_\_\_\_\_

Person to Contact in Emergency \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent Email \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy Holder \_\_\_\_\_

Group No. \_\_\_\_\_ Enrollee ID No. \_\_\_\_\_

If Student Is On Medication, Please List

\_\_\_\_\_

Date of last tetanus shot

\_\_\_\_\_

Allergies \_\_\_\_\_

Acute or Chronic Medical Conditions:

\_\_\_\_\_

\_\_\_\_\_

Additional Pertinent Medical Information or Current Health Concerns

\_\_\_\_\_

\_\_\_\_\_

I give permission for the ND All-State staff/Chaperone to obtain medical treatment necessary for the health and well-being of my child to the above named physician or the physician on call.

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Yes \_\_\_ No \_\_\_ I would like help NDMEA support music advocacy in North Dakota through email correspondence.

**All Information on this form will be kept confidential.**