



North Dakota Music Educators Association

January 24, 2019

Dear Music Directors:

On behalf of the North Dakota Music Educators Association, I am pleased to announce the results of the auditions for the 53rd NORTH DAKOTA ALL-STATE ORCHESTRA, MIXED CHORUS, TREBLE CHORUS, BAND, JAZZ BAND, and JAZZ CHOIR which will be held at the Bismarck Event Center 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 2nd clarinet player may have scored higher than a 1st.

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 complete the enclosed form and mail with 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, 2019 you must pay the non-member fee. Registration fees must be postmarked by February 15, 2019 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 the All-State Festival.

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

2019
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 15, 2019 \$ _____

TOTAL ALL-STATE REGISTRATION \$ _____

REGISTRATION FEES MUST BE POSTMARKED BY FEBRUARY 15, 2019

MAIL THIS FORM AND FEES TO:

NDMEA All-State
Attn: Jon Baumann
MANDAN High School
905 8th 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 10th St NE
Jamestown, ND 58401**

Or by email to: cherylmcintyre0@gmail.com

**Pictures MUST be received by February 15.
After February 15, they will not be included in the printed program.
Pictures will not be returned.**

2019 North Dakota All-State
Emergency Medical Treatment Form
Due February 15 to Cheryl McIntyre Jamestown HS

Name of Student _____ All-State Ensemble _____

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 Takes 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 to help NDMEA support music advocacy in North Dakota through email correspondence.

All Information on this form will be kept confidential.