



## Rotary Vocal Music Competition Application 2023-2024

Please scan/email application no later than January 24, 2024, to Kathy Magin: [bkmagin2@gmail.com](mailto:bkmagin2@gmail.com)

Last Name	First	M.I.
Street	City	Zip Code
Home/Cell phone: _____		E-Mail: _____
High School: _____		Music Teacher _____

**Classical Music:** List two contrasting selections, at least one from NYSSMA Manual, Grade V or VI, foreign language recommended for one selection

**Musical Theatre:** List two contrasting selections from the Musical Theatre Repertoire (one ballad and one up-tempo): One selection pre-1970 and one Contemporary/Pop

1. \_\_\_\_\_
2. \_\_\_\_\_

**Note:** 1. both selections not to exceed ten minutes  
2. Bring original scores to Regional/Final Competitions. **No photocopies accepted.**

**Preferred Regional Audition Site:** \_\_\_\_\_ Alfred \_\_\_\_\_ Eastman \_\_\_\_\_ Geneseo

**Accompanist:** \_\_\_\_\_ Needed \_\_\_\_\_ Will bring my own

**Please** ☒ **if interested** in a Music Major or Music Minor at any of these Universities:

\_\_\_\_\_ Alfred University \_\_\_\_\_ Roberts Wesleyan University

\_\_\_\_\_ Eastman School of Music \_\_\_\_\_ SUNY at Geneseo

X: \_\_\_\_\_ X: \_\_\_\_\_

Student signature\*

Parent/Guardian signature\*

\*If age 18 or younger, please include signed Photograph and Video Release Form

X: \_\_\_\_\_ X: \_\_\_\_\_

Rotary Club Representative

Rotary Club

**ROTARY CLUB:** Please mail \$200 application fee for each student, check payable to **Spencerport Rotary Club**, to Mrs. Kathy Magin 11 Mill Street Spencerport, New York 14559. **Deadline: January 31, 2024**

## Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_

Prov/Postal Code/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_