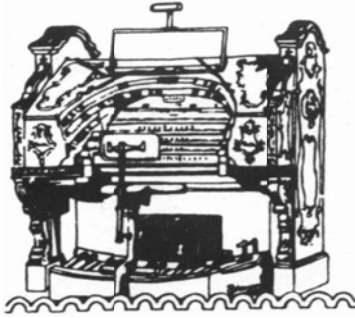


AMERICAN THEATRE ORGAN SOCIETY



DIRECTOR
R. JELANI EDDINGTON
1706 WEST DALAMINO DRIVE
RACINE, WI 53402
VOICE: 262.639.8788
FAX: 262.639.8242

rj.eddington@atos.org

Chairperson, Young Theatre Organist Competition

2009 YOUNG THEATRE ORGANIST COMPETITION APPLICATION & CERTIFICATION FORM

(please type or print neatly)

PERSONAL INFORMATION

Name _____

I like to be called _____

Home Address _____

City, State, Zip _____

Phone (_____) _____

E-mail _____

Date of birth _____ / _____ / _____
month date year

Secondary address and phone number (e.g., if attending school away from home)

Address _____

City, State, Zip _____

Phone (_____) _____

Are you an ATOS Member? (Yes / No) (please circle one)

If you are not currently an ATOS Member, have you ever been a member in the past?

(Yes/No) (please circle one)

Are you a member of a local ATOS chapter? (Yes / No) (please circle one)

If you indicated you are a member of a local ATOS chapter, please indicate which chapter:

INSTRUMENT INFORMATION

In the space provided, please provide the information about the instrument recorded and the recording media used.

Make of instrument (e.g., Wurlitzer, Kimball, Robert-Morton): _____

Size of instrument: _____ Manuals _____ Ranks

Type of recording media used: (CD, DVD, Mini-Disc, Cassette Tape) (please circle one)

MUSICAL INFORMATION

In the space provided, please provide the information about the musical works you recorded.

A. UP-TEMPO WORK

Name of composition: _____

Composer: _____

Duration: (may not exceed 5 minutes): _____

Arranger: _____

B. BALLAD

Name of composition: _____

Composer: _____

Duration: (may not exceed 7 minutes): _____

Arranger: _____

C. MEDLEY

Name of Broadway Musical: _____

Composer: _____

Duration: (between 5 and 10 minutes): _____

Arranger: _____

D. CLASSICAL WORK or TRANSCRIPTION

Name of composition: _____

Composer: _____

Duration: (may not exceed 7 minutes): _____

Arranger: _____

ENTRANT SIGNATURE

I have read and complied with all of the rules and guidelines for the Young Theatre Organist Competition and certify that all of the information provided in this form is true and accurate.

Signature of applicant: _____

Date: _____

PARENT/GUARDIAN SIGNATURE (if entrant is under 18 years of age)

NOTE: If you will be under 18 years of age as of July 1, 2009, the following information must be completed by your parent or legal guardian. If you are under 18 and are selected as a finalist, you must be accompanied by your parent, legal guardian, or someone of your parent or guardian's choosing at the annual ATOS convention.

Applicant's Name _____

Address _____

City, State, Zip _____

Home Phone (____) _____

If my son / daughter is selected as a finalist in the Young Theatre Organist Competition, I give him / her permission to attend the American Theatre Organ Society Convention to be held in Cleveland, Ohio and surrounding areas on July 1-5, 2009.

Parent or guardian signature _____

Please print name _____

Relationship to applicant _____

The adult who will be accompanying him/her will be

Name: _____

Address: _____

City , State, Zip _____

Phone (____) _____

RECORDING CERTIFICATION

(PLEASE NOTE: If the entrant is sponsored by an ATOS chapter, this certification must be completed by an officer of the local chapter. If the entrant is unaffiliated with a local chapter or is not an ATOS member, this certification must be completed by an ATOS member at least 18 years of age who is not related to the applicant and who does not live in the same household as the applicant)

I hereby certify that I was present when _____ (name of entrant) recorded the material submitted herewith. I have read the rules and guidelines for the Young Theatre Organist Competition and further certify that the recording submitted complies with those rules, has not been altered, enhanced, or modified in any way, and accurately reflects the entrant's performance at the time that performance was recorded.

Name of person submitting certification (please print):

Signature of person submitting certification:

Date:

ATOS Chapter (if any): _____

ATOS Chapter Office (if applicable): _____

**Please send this application and all supporting materials to
R. Jelani Eddington, 1706 West Palamino Drive, Racine, WI 53402**

All application materials must be postmarked no later than April 1, 2009

APPLICATION CHECKLIST

STOP! Have you completed and included the following items?

- Your competition recording
- Your signed and completed Application Form
- The signed Recording Certification Form (on page 4)
- If you will be under 18 as of the time of the convention, the signed form by your parent or legal guardian (on page 3)
- Your picture and résumé (not to exceed 300 words)