Where the trail begins…

Top quality children’s groups are being sought to perform at the AOSA Professional Development Conference in Fort Worth, TX, November 8-11, 2017. Ensembles of all sizes that sing, dance, play instruments, and exemplify the teachings of Carl Orff are highly sought. Directors/teachers are encouraged to be current national members of AOSA and members of their local chapters. To become a national member, please go to [www.aosa.org](http://www.aosa.org).

Application Procedure:

Interested groups must submit the following:

* A completed application form
* A video of a recent performance posted on YouTube or viewed with Windows Media Player or QuickTime Player
* Possible repertoire for the conference performance
* Information regarding distinguishing characteristics of the group

Video Specifications

* Recording time 8 – 15 minutes
* Recordings must be of live, unedited performances from the current year.

Conference Information

* AOSA is not responsible for travel, food or lodging for performing groups. This application implies that the group, if selected, is prepared to assume all costs of travel to the conference.
* Children’s performances during the day are allotted 20 – 30 minutes of performance time. The exact length of the performance will be determined at a later date.
* AOSA does not provide instruments for performing groups, and groups are responsible for providing any necessary instruments with the exception of a piano or keyboard.

Selection Process

* A selection committee will carefully review and consider all applications.
* Applicants will be notified of the committee’s decision by March 15, 2017.
* The Current National Conference Chair shall make the final decision on issuing invitations, based on balancing the performance program

**Application Deadline: January 15, 2017**

Submit electronically to:

Angela Neal [nealang2003@gmail.com](mailto:nealang2003@gmail.com)

Note: If accepted, it is the responsibility of the group to receive all necessary copyright permission.

Please complete, sign and submit with DVD.

Contact Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Person: | | | AOSA Membership Number: | | |
| Street Address: | | | | | |
| City: | | State: | | | Zip: |
| Phone: (h) | (c) | | | (w) | |
| E-mail (h) | | (w) | | | |

Group Information

|  |  |
| --- | --- |
| Group Name: | Group Size: |
| Briefly describe your group: | |
| List your past 3 - 5 performances: | |

References

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Reference 1: | | | Reference 2: | | |
| Address: | | | Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| E-mail: | | | E-mail: | | |

Contact’s Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Administrator Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_