

Atlanta Music Teachers Association

Local Spring Auditions

Judge's Comment Sheet

Student Number _____

School Grade _____

Composition 1 **Time:** _____

Baroque/Classical: _____

Composition 2 **Time:** _____

Romantic/Impressionistic/Contemporary: _____

Rating _____

For Office Use Only:		(To be completed after audition.)	
Audition Time: _____	Room Number: _____	Teacher Name: _____	Student Name: _____