

**TEXAS MUSIC EDUCATORS ASSOCIATION  
REGION 26  
AUDITION JUDGE/PROXY INFORMATION**

**INSTRUCTIONS:**

- Fill out the form below completely. Please print all information legibly.
- Fax the completed form to the Site Host or Contest Chair prior to the audition date.
- Confirm the audition date, time and location with your proxy. Inform them that they may receive another confirmation call from the Contest Chair and/or Site Host.
- Please clarify with your proxy that any agreed upon remuneration will come from you, not Region 26.

**Director's Name:** \_\_\_\_\_  
**School:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Instrument:** \_\_\_\_\_

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**Audition:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Site:** \_\_\_\_\_  
**Contest Chair:** \_\_\_\_\_  
**Site Host:** \_\_\_\_\_  
**Site Host Fax #:** \_\_\_\_\_

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**Proxy Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Work Phone:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Instrument:** \_\_\_\_\_

**Please explain the remuneration to be received by the proxy, if any:**

\_\_\_\_\_

\_\_\_\_\_

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***"I understand that I am responsible for communication with the proxy and his/her attendance in order to fulfill my duties as assigned by the Region 26 Band Division Chair and/or Audition Site Host."***

\_\_\_\_\_  
**Director Signature**

\_\_\_\_\_  
**Date**

**FOR CONTEST CHAIR**

**DATE FORM RECEIVED:** \_\_\_\_\_

**PROXY CONFIRMED:** \_\_\_\_\_