

O.C.M.E.A.  
Elementary All County Auditions

Audition Time	_____
Date	_____
Room	_____

**BRASS/WOODWIND SOLO**  
INSTRUMENT: ALTO/BASS CLARINET

Name of Student \_\_\_\_\_ Grade in School \_\_\_\_\_

Name of School District \_\_\_\_\_ Teacher \_\_\_\_\_

C Scale MEMORIZED ♩ = 100



Chromatic Scale MEMORIZED ♩ = 100



**ADJUDICATOR'S COMMENTS**

<b>SCALES</b>				
SCALE.....	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			
CHROMATIC SCALE.....	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			
<b>SIGHT-READING</b>	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
ACCURACY OF NOTES.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCURACY OF RHYTHM.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCURACY OF ARTICULATION.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCURACY OF DYNAMICS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL NUMBER OF POINTS \_\_\_\_\_ Adjudicator's Signature \_\_\_\_\_