

# CMEA North Section, Region II Adjudication Form

Director's Name: \_\_\_\_\_

Name of Ensemble: \_\_\_\_\_  
(As it will appear on Certificate)

School: \_\_\_\_\_ A.D.A. \_\_\_\_\_

Number of rehearsal hours a week: \_\_\_\_\_ Grades of students in your ensemble: \_\_\_\_\_

Other significant/relevant information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Selections:**

1. Title: \_\_\_\_\_

Composer/Arranger: \_\_\_\_\_

2. Title: \_\_\_\_\_

Composer/Arranger: \_\_\_\_\_

3. Title: \_\_\_\_\_

Composer/Arranger: \_\_\_\_\_