MHSAA / MMEA STATE PERFORMANCE ASSESSMENT

FORM 4N

NORTHERN REPERTOIRE FORM

Due: Monday, February 05, 2024

School _____ **School Classification** _____

Director _____ **Email** _____

Accompanist _____

Voicing	Type *Choir / Ens*	# in Group	Choir SR Level	Choir SR Voicing	Choir SWSTK *Yes / No*	Selection Title & Composer / Arranger *1 Prescribed List & 1 Director's Choice (DC)*	Select Choice: MS	TX	FL	DC
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Check payable: **MHSAA**
Submit completed **form** by **Monday, February 05, 2024**
Jana Smith, MMEA HS Division President
Northern Site Coordinator
jsmith@stoneschools.org

Carbon Copy to
Dr. Lynn Holliman, MMEA HS Division Repertoire Chairman
lholliman@westernline.org

_____ _____ _____

Choral Director's Signature **Date** **Principal's Signature (Required)**