FOR OFFICE USE ONLY—PLEASE DO NOT WRITE IN THIS SECTION.		
DEPOSIT	**Date Received:**	**Amount Paid:**
	Check Number:	**Amount Due:**
BALANCE OF TOTAL	**Date Received:**	**Amount Paid:**
	Check Number:	**Amount Due:**

MAPTA Young Artist Competition – Registration

Please fill in and return this form to MAPTA Young Artist Director by December 15.

TEACHER'S NAME: ____ CODE NUMBER**:** ________

ADDRESS: ____
Street City State Zip

PREFERRED PHONE: ___________________________ EMAIL: _____________________________

- All information I have provided on this, and all other Auditions-related forms, is correct to the best of my knowledge.
- I understand that if requirements are not met by students, they will be disqualified.
- I understand that all Audition fees are Non-Refundable. The Deposit is due by December 15 and the remaining balance is due at the Winter meeting.
- I have noted that if a student decides not to compete, the Deposit can be applied toward the Honors or Trophy Track Solo Audition fee, and I must submit the appropriate forms at the Winter meeting.

"I have fulfilled the required attendance of at least ONE MAPTA General Meeting since Auditions were last held."

Teacher's signature ____ Date _______________

I am enclosing a check payable to MAPTA for the non-refundable deposit

for a total amount of $ _____________ for ________ students in the __________ Young Artist Auditions.

NAMES - ALPHA ORDER LAST NAME FIRST	**COMPOSITIONS**	**COMPOSERS**
NAME: ______________________ *LEVEL:* ______	Req.: ________________ Req.: ________________ Choice: ________________	1. ____________ 2. ____________ 3. ____________
NAME: ______________________ *LEVEL:* ______	Req.: ________________ Req.: ________________ Choice: ________________	1. ____________ 2. ____________ 3. ____________
NAME: ______________________ *LEVEL:* ______	Req.: ________________ Req.: ________________ Choice: ________________	1. ____________ 2. ____________ 3. ____________
NAME: ______________________ *LEVEL:* ______	Req.: ________________ Req.: ________________ Choice: ________________	1. ____________ 2. ____________ 3. ____________
NAME: ______________________ *LEVEL:* ______	Req.: ________________ Req.: ________________ Choice: ________________	1. ____________ 2. ____________ 3. ____________