MAPTA Spring Festival – Duet Registration

Please fill in and return this form to MAPTA Auditions Director ON or BEFORE the Winter Meeting.

TEACHER'S NAME: _____ CODE NUMBER: _____

ADDRESS: _____
Street City State Zip

PREFERRED PHONE: _____ EMAIL: _____

"I have fulfilled the required attendance of at least ONE MAPTA General Meeting since Spring Festival was last held."

Teacher's signature _____ Date _____

CODE #	NAMES ALPHA ORDER – LAST NAME FIRST	LEVEL	FIRST DUET IN AUDITIONS? *Circle one*	√ IF ENTERED IN SOLOS	√ FOR SIBLINGS	DATE REQUEST	FOR OFFICE USE ONLY	
99D-1	SMITH, JOHN	3	YES NO			3/5 3/7	TIME	ROOM
99D-1	SMITH, MARY	3	YES NO			3/5 3/7	TIME	ROOM
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		
D-			YES NO			3/5 3/7		