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

MAPTA YOUNG ARTIST COMPETITION ~ PRE-REGISTRATION ~

TEACHER'S NAME:ADDRESS:				CODE NUMBER:		-			
HOME PHO	NE: ()	Street -	TIME?		City CELL PHONE: (State)	- Т	Zip 'IME?	
	All of the i I have full I understa I understa the remai I have not	Please c nformation filled the and that if and that a ining balated that if	heck the meetings on I have provide required attenda f requirements a all Audition fees ance is due at the a student decid	that yo ed on the nce of re not it are Not e Winte es not	u have attended:	SPRING uditions related TA General Meet hey will be disq Pre-Registration	FALL forms is co	WINTER Trect to the best of Auditions were last by December 15 a Applied toward the	held.
	TEACHE	R'S SIGN	ATURE: k <u>payable to MAP</u>	TA for		Pre-Registration	 n Fees in the	the Winter Meeting. DATE: / / total amount of \$	
STUDENT			FORMATION		col	MPOSITIONS		COMPOSERS	
NUMBER	NAME:	A-ORDER—I	AST NAME FIRST		Req:.			1	
	AGE: G	RADE:	LEVEL:		Choice:			3	
	NAME:				Req:			1	
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