MAPTA Auditions - 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: _____

Adjudicator Preference:

Same adjudicator for one family ____ Different Adjudicators for one family ____ No preference ____

"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 a total amount of $ _____ for _____ students in the _____ Auditions

CODE #	NAMES ALPHA ORDER – LAST NAME FIRST	LEVEL	HONORS OR TROPHY	FIRST TIME IN AUDITIONS?	√ FOR SIBLINGS	FOR OFFICE USE ONLY		
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