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 Auditions were 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	FOR OFFICE USE ONLY		
99D-1	SMITH, JOHN	3	YES NO			TIME	ROOM	ADJDCTR
99D-1	SMITH, MARY	3	YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					
D-			YES NO					