MAPTA Spring Festival - Solos 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 ______________

CODE #	**NAMES ALPHA ORDER – LAST NAME FIRST**	**LEVEL**	**NUMBER Of PIECES *(Circle one)***	**FIRST TIME IN AUDITIONS? *(Circle one)***	**√ FOR SIBLINGS**	**FOR OFFICE USE ONLY**		
99-1	SMITH, JOHN	3	2 3	YES NO		TIME	ROOM	ADJDCTR
-			2 3	YES NO				
-			2 3	YES NO				
-			2 3	YES NO				
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