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: _____

"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	NUMBER Of PIECES *(Circle one)*	FIRST TIME IN AUDITIONS? *(Circle one)*	√ FOR SIBLINGS	DATE REQUEST	FOR OFFICE USE ONLY	
99-1	SMITH, JOHN	3	2 3	YES NO		3/5 3/7	TIME	ROOM
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		
-			2 3	YES NO		3/5 3/7		