

WMTA ADULT MUSICALES - APPLICATION FORM

To be completed only by the teacher.
For additional students, use next page.

RECITAL DATE: _____

TEACHER INFORMATION - PRINT CLEARLY

Name		
Address		
City	State	Zip code
Phone #	# participating students	
e-mail	enclosed amount \$	

STUDENT INFORMATION - PRINT CLEARLY

List all applicable repertoire data, such as opus #, key, movement #, tempo marking, full composer's name

Student name		Instrument	
Student e-mail		Student phone #	
1.	Composer	Duration	
	Work		
2.	Composer	Duration	
	Work		

Student name		Instrument	
Student e-mail		Student phone #	
1.	Composer	Duration	
	Work		
2.	Composer	Duration	
	Work		

Please mail the following:	1. Completed Application Form. 2. One single check for all entries, written by the teacher and payable to WMTA. YOU SHOULD RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS.
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All application materials should be mailed to:
Elizabeth Lane
4312 Victoria Lane
Alexandria, VA 22304

I have read and understood all WMTA rules and event regulations, and have explained them to all my participating students and their parents. All concerned parties, including myself, agree to abide by these rules and regulations. I agree to assist the Chair as assigned on the day of this event.

Teacher signature _____ Date _____

Name of secondary teacher _____

WMTA ADULT MUSICALES - APPLICATION FORM (continued)

TEACHER NAME

STUDENT INFORMATION - PRINT CLEARLY

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