

WMTA YOUNG COMPOSERS COMPETITION - APPLICATION FORM

**To be completed only by the teacher.
Please use one single form per participant.**

TEACHER INFORMATION - PRINT CLEARLY

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

STUDENT INFORMATION - PRINT CLEARLY

Student name		
Age	Date of birth	Grade
Title of Composition		
Medium		
Level		
Performance Time		

Please mail the following:	1. Completed Application Form. 2. One single check for all entries, written by the teacher and payable to WMTA. 3. Three (3) copies of the manuscript and three (3) CD recordings. 4. One stamped, 9" x 12" self-addressed envelope with sufficient postage for return of all application materials, judges' comments and certificates of participation. YOU SHOULD RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS.
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All application materials should be mailed to:
Janet Peachey
5306 Belt Rd NW
Washington , DC 20015-1961

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.

Teacher signature _____ Date _____

Name of secondary teacher _____