



ASMTA FESTIVAL APPLICATION 20 ____ REGION ____

Date: _____ Deadline: _____ Location: _____

Teacher: _____ Festival Chair: _____

ASMTA Membership No. _____ ASMTA Membership No. _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

E-Mail Address: _____ E-Mail Address: _____

Phone: _____ Phone: _____

Total Fees Included: _____

Student Fees **\$20.00 per student** all levels. Checks payable to **ASMTA**.
Festival Fees are NOT refundable for any reason.

STUDENT	COMPOSITION/COMPOSER	CATEGORY	LEVEL	SCORE
Name:	1)	Repertoire		
		Written Theory		
Student Number:	2)	Musicianship		
		Combined Test Score:		
Name:	1)	Repertoire		
		Written Theory		
Student Number:	2)	Musicianship		
		Combined Test Score:		
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		Written Theory		
Student Number:	2)	Musicianship		
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