

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: _____
Email Address: _____		Email Address: _____
Phone: _____		Phone: _____

Total Fees Included: _____

Student Fees: **\$25 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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