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.**

For Levels A, B, and 1, please list the student's age. As of September 1 of the current festival (academic) year Primary A students must be no older than 8, Primary B students no older than 9, and Level 1 students no older than 12.

STUDENT	Composition/Composer	CATEGORY		LEVEL	SCORE
Name: Age:	1)	Repertoire			
		Written Theory			
Student Number:	2)	Musicianship			
		Combined Test Score:			
Name: Age:	1)	Repertoire			
		Written Theory			
Student Number:	2)	Musicianship			
		Combined Test Score:			
Name: Age:	1)	Repertoire			
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Student Number:	2)	Musicianship			
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TEACHER: _____

Name: Age: Student Number:	1) 2)	Repertoire		
		Written Theory		
		Musicianship		
		Combined Test Score:		
Name: Age: Student Number:	1) 2)	Repertoire		
		Written Theory		
		Musicianship		
		Combined Test Score:		
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Age:		Written Theory		
Student Number:	2)	Musicianship		
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