

Registration fee: \$20 _____

ALABAMA MUSIC TEACHERS ASSOCIATION
Collegiate Solo Registration Form
April 17-18, 2009

CODES

Teacher _____	Student _____
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TIME REQUEST

Fri.	<input type="checkbox"/> PM
Sat.	<input type="checkbox"/> AM <input type="checkbox"/> PM

GRADE

Grade _____
Award _____

Student Name _____ Instrument _____

Teacher Name _____

Teacher Signature _____

Applications will not be valid without teacher signature.

Level (check one):

Lower Division (Fr/So) Upper Division (Jr/Sr) Graduate

School/Current Mailing Address _____

Student's Phone _____ Student's E-Mail _____

Teacher's Phone _____ Teacher's E-Mail _____

Member of Collegiate Chapter? Yes No

If yes, Advisor's Name _____

Mail completed registration and adjudication forms with check made out to AMTA to:
Dr. Moya Nordlund
Samford University, Division of Music
800 Lakeshore Dr.
Birmingham, AL 35229