

TEACHER INFORMATION FORM—MUSIC EVALUATION DAY

(please print all information)

Name of teacher_____

Address_____

P.O Box/Street

Town/City

Zip Code

Phone (please include area code)_____

Email (for notification of performance times)_____

Total fees enclosed (*complete one of the following*)

1. OhioMTA Member:

Number of students_____ times \$20.00 = \$_____

2. Non-member:

Number of students_____ times \$20.00
Plus the \$20.00 teacher fee = \$_____

Checklist for all teachers:

Be sure you include the following in your mailing:

A separate completed entry form and scoring sheet for each student

The completed teacher information form

One check made payable to the OhioMTA Middle West