

## 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 = \$ \_\_\_\_\_

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### 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