MAPTA Auditions – Honors & Trophy Registration

Please fill in and return this form to MAPTA Auditions Director ON or BEFORE the Winter Meeting.

TEACHER'S NAME: _____ CODE NUMBER: _____

ADDRESS: _____
Street City State Zip

PREFERRED PHONE: _____ EMAIL: _____

Adjudicator Preference:
Same adjudicator for one family ____ Different Adjudicators for one family ____ No preference ____

"I have fulfilled the required attendance of at least ONE MAPTA General Meeting since Auditions were last held."

Teacher's signature _____ Date _____

CODE #	NAMES ALPHA ORDER – LAST NAME FIRST	LEVEL	HONORS OR TROPHY *(Circle one)*	FIRST TIME IN AUDITIONS? *(Circle one)*	√ FOR SIBLINGS	LOCATION REQUEST *(Circle one)*	FOR OFFICE USE ONLY	
99-1	SMITH, JOHN	3	H T	YES NO		A W	TIME	ADJDCTR
-			H T	YES NO		A W		
-			H T	YES NO		A W		
-			H T	YES NO		A W		
-			H T	YES NO		A W		
-			H T	YES NO		A W		
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