

MAPTA Auditions – Honors Duet 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: _____

"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	FIRST TIME IN AUDITIONS? <i>(Circle one)</i>		√ FOR SIBLINGS	LOCATION REQUEST <i>(Circle one)</i>	FOR OFFICE USE ONLY	
			YES	NO			TIME	ADJDCTR
99D-1	SMITH, JOHN	3	YES	NO		A W		
99D-1	SMITH, MARY	3	YES	NO		A W		
D-			YES	NO		A W		
D-			YES	NO		A W		
D-			YES	NO		A W		
D-			YES	NO		A W		
D-			YES	NO		A W		
D-			YES	NO		A W		
D-			YES	NO		A W		
D-			YES	NO		A W		
D-			YES	NO		A W		
D-			YES	NO		A W		
D-			YES	NO		A W		
D-			YES	NO		A W		