FWMTA Piano Solo Contest
REGISTRATION FORM

Amount $_____
Check # _____

DEADLINE: March 8, 2010 [ ] MAIL

Mail with form, a stamped, self-addressed envelope, and a check payable to "FWMTA" to:

Echo Wilson **817-228-1409 Cell**
3009 Conejos
Fort Worth, TX 76116 **echowilson@sbcglobal.net**

Please list students according to **grade level with earliest grade first**.
Indicate in * **RED*** any siblings or students who need to be scheduled close together.
Photocopy this sheet as needed.

STUDENT(S) NAME	School Grade	Siblings	Performance Time Amount	Years of study

TEACHER:_____PHONE_____

ADDRESS:_____CITY:_____ZIP_____

Email:_____

NOTE: All teachers who enter students in this contest are expected to monitor. Please indicate your time preference to monitor.

_____Morning (8:30-10:30 a.m.) **_____Morning (10:30-12:30 p.m.)**

_____Afternoon (1:15 – 3:00 p.m.) **_____Afternoon (3:00-5:00 p.m.)**

Number of K-Grade 4 Students entering_____x $15.00_____ = $_____

Number of Grade 5 – 12 Students entering _____x $20.00_____= $_____

_____I am enclosing an additional $1 to have critique sheets mailed to me. $_____

_____I am going to pick up my critique sheets.

TOTAL ENCLOSED $_____