	ewster, Jr., Memor Application (Dupli Please print. Inclu	cate as neces	
Student's name			Age
Instrument	Level: Senior	Junior	School grade
Student's telephone		e-mail	
Teacher's name			
Teacher's studio address			
Teacher's telephone			
Compositions: Include opu	s numbers, movement	numbers, ter	npo marking, and exact time.
1		Composer	Time
2		Composer	Time
Teacher is the member of (please circle): MSMT	A / ASTA / N	MCMTA (Membership #
I have read and understood	the rules of this comp	petition and ag	gree to abide by them.
Signature of student			
Signature of teacher			
	TEMENT: Teachers ento one hour. Check with evo		in this event may be asked to assis
I have read the MCMTA or	ASTA MD/DC polic	ey and agree to	o assist if needed in this even
(Teacher's signa	ature)		
Send applications to: 7012	Lya 2 Hopewood Street, Lyasdc@v		ID 20817-6109