



# ORIGINAL COMPOSITION

## REGISTRATION FORM

Please type or print legibly in black ink.  
All fields must be completed.



### Composition Information:

Title: \_\_\_\_\_

Division: \_\_\_\_\_

### Student Information:

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Registration  
October 1 - open  
October 26 - close  
at midnight

### Teacher Information:

Complete for the teacher who enters the student in TMTA Student Affiliate and TMTA Theory Test

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Teacher Information (if applicable):

Complete if the student studies composition with a different teacher

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Member of TMTA: Yes \_\_\_\_\_ No \_\_\_\_\_

Follow instructions in TMTA handbook to prepare the manuscript mp3  
and audio files. the manuscript pdf and audio  
Complete this form and <sup>Send</sup> send to the chairman along with: ~~two copies of the~~ file (if an  
~~composition, CD, 3x5 card,~~ and one check for all entry fees. <sup>Treasurer</sup> ensemble)  
Thank you for your participation in the Original Composition Contest!