



DALLAS

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: _____

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 _____

Complete this form and send to the chairman along with: two copies of the composition, CD, 3x5 card, and one check for all entry fees.

Thank you for your participation in the Original Composition Contest!