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# WORLD OF MUSIC

## REGISTRATION FORM

*Please type or print legibly in black ink.*



### Teacher Information:

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

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

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

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### Students' Information:

Name: \_\_\_\_\_ Current School Grade: \_\_\_\_\_ Test Level: \_\_\_\_\_

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Name: \_\_\_\_\_ Current School Grade: \_\_\_\_\_ Test Level: \_\_\_\_\_

***Complete this form and send to the chairman along with one check for all entry fees. Thank you for your participation in World of Music!***