

SDMTA Competition
Teacher Registration Form

Teacher's Name _____
 Mailing Address _____
 City, State, ZIP _____
 College Affiliation, if applicable _____
 Email Address _____
 Telephone Number _____

Student Name	Instrument/Vocal Category	Level (Age/Class) <i>as on entry form</i>	Entry Fee
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<i>if you enter more than ten students, please print an additional form</i>		TOTAL DUE	

I understand that if I enter students in the competition, I am required to monitor or recruit someone to serve in my place.

Check the appropriate blank:

_____ I prefer to monitor on **Thursday** **Saturday** (circle your preference)

_____ I prefer to monitor a _____ (category/age) competition.

_____ I will recruit someone to monitor and let the site host, Susan Keith Gray, USD, susan.gray@usd.edu know by Nov. 1 who that person is.

Please mail this form with a single check for the total amount payable to SDMTA. The form/check must be postmarked no later than September 24th.

**Checks should be mailed to:
 Deb Kalsbeck, SDMTA Treasurer
 800 Candlewood Lane
 Brookings, SD 57006**