

# ISMTA **Performance** Examination Enrollment

Audition Center \_\_\_\_\_ Date of Examination \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Email \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please leave these two columns blank.

**Please put an asterisk (\*) before names of first-time entrants.**

Time	Studio	Student's Names (Please list in alphabetical order)	Level	*Medium	Fee
		1			\$
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
		11			
		12			
		13			
		14			
		15			
		16			
		17			
		18			
		19			
		20			
		Number of medals Needed: _____ X \$5.00 each =	→	→	\$
		<b>TOTAL</b>			\$

Please make ONE check covering the full amount of fees, payable to PAMTA. Send the check along with this completed enrollment sheet to your local AIM Chairperson by the deadline.

\*Please indicate piano, organ, or voice.