

ISMTA Theory 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 | | | \$ |
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| | | 17 | | | |
| | | 18 | | | |
| | | 19 | | | |
| | | 20 | | | |
| | | TOTAL | | | \$ |

**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.