ARIZONA STATE MUSIC TEACHERS ASSOCIATION **YEAR** _____

ARIZONA STUDY PROGRAM ENROLLMENT FORM

TEACHER NAME _____

ADDRESS _____

(CITY)_____ **(ZIP)** _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

NUMBER ENROLLED **AMOUNT PAID**

_____ _____

CHECK # _____ _____

CHECK # _____ **TOTAL** _____

AUDITION DAY REQUEST (ONLY if possible) _____

NAMES OF STUDENTS Please list students by level	LEVEL	CATEGORY A	 B
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

NAMES OF STUDENTS Please list students by level	LEVEL	CATEGORY A	 B
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

A workbook must be purchased for each student enrolled.

ENROLLMENT FEE: **$ 15** Make check payable to **AZ Study Program**

LATE FEE: **$ 5** per student if registered after Nov. 1

Send to: Local Chairman or Person in charge of enrollments for your local association