

MAPTA Trophy Track ~ Registration and Time Request Sheet

TEACHER'S NAME: _____ CODE NUMBER: _____

ADDRESS: _____

HOME PHONE: (____) - _____ Street City State Zip
 TIME? _____ WORK PHONE: (____) - _____ TIME? _____

Please fill in the first 6 columns and return this form to MAPTA Auditions Director ON or BEFORE the Winter Meeting.

IN THE COLUMN MARKED [✓]—Check if siblings are entering the auditions.

Audicator Preference: Same adjudicator for one family _____ Different Adjudicators for one family _____ No preference _____

"I have fulfilled the required attendance of at least ONE MAPTA General Meeting since Auditions were last held."

Teacher's signature _____ Date _____

I am enclosing a check payable to MAPTA for a total amount of \$ _____ for _____ students in the _____ Auditions
 Year

#	NAMES ALPHA-ORDER—LAST NAME FIRST	LEVEL	CODE NUMBER	FIRST TIME IN AUDITIONS?		✓ FOR SIBLINGS	TIME PREFERENCE [Circle One]			FOR OFFICE USE ONLY		
										[Do Not Write in Section Below]	TIME ROOM	ADJDCTR
EX.	SMITH, JOHN	3	99-1	YES	NO		8-11	11-2	2-5			
1			-	YES	NO		8-11	11-2	2-5			
2			-	YES	NO		8-11	11-2	2-5			
3			-	YES	NO		8-11	11-2	2-5			
4			-	YES	NO		8-11	11-2	2-5			
5			-	YES	NO		8-11	11-2	2-5			
6			-	YES	NO		8-11	11-2	2-5			
7			-	YES	NO		8-11	11-2	2-5			
8			-	YES	NO		8-11	11-2	2-5			
9			-	YES	NO		8-11	11-2	2-5			
10			-	YES	NO		8-11	11-2	2-5			
11			-	YES	NO		8-11	11-2	2-5			
12			-	YES	NO		8-11	11-2	2-5			
13			-	YES	NO		8-11	11-2	2-5			
14			-	YES	NO		8-11	11-2	2-5			
15			-	YES	NO		8-11	11-2	2-5			
16			-	YES	NO		8-11	11-2	2-5			
17			-	YES	NO		8-11	11-2	2-5			
18			-	YES	NO		8-11	11-2	2-5			
19			-	YES	NO		8-11	11-2	2-5			
20			-	YES	NO		8-11	11-2	2-5			
21			-	YES	NO		8-11	11-2	2-5			
22			-	YES	NO		8-11	11-2	2-5			
23			-	YES	NO		8-11	11-2	2-5			
24			-	YES	NO		8-11	11-2	2-5			
25			-	YES	NO		8-11	11-2	2-5			
26			-	YES	NO		8-11	11-2	2-5			
27			-	YES	NO		8-11	11-2	2-5			
28			-	YES	NO		8-11	11-2	2-5			
29			-	YES	NO		8-11	11-2	2-5			
30			-	YES	NO		8-11	11-2	2-5			

