

TMTA/SA Theory Exam Registration Form Fall ____ Spring ____

Teacher Name _____

I can help out on: Saturday ____ Sunday ____

Email _____

Date paid _____ Amount Paid _____ Check # _____

STUDENT NAME (print) Alphabetize by grade level 1-12	Member SA?	Instrument	School Grade	**Test Level	Day Sat	Sun	* Score
Last name first	----	-----	-----	-----	---	---	-----
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* Do not use this space

**Use ONLY if test level is DIFFERENT from the school grade