OREGON MUSIC TEACHERS ASSOCIATION, INC.

Teacher packet
Form 4

SYLLABUS REGISTRATION FORM

Teacher _____ Date _____

Phone _____ E-Mail _____

Address _____ City _____ Zip_____

1. List your students, alphabetized by Last Name.
2. Indicate the Type of Evaluation: EVAL, DEMO, or AUD.
3. Indicate the Level, Time and Fee. (From the current fee schedule)
4. List Teacher Conference if you are having one.
5. **Carefully check** addition for accuracy. (total time and fee)

Student Name:	Type of Evaluation	Level	Time	Fee
		Totals:	0	$0.00

RESET

Revised: 4/17/2009