

OMTA REPORT FORM
Syllabus

Date _____

From _____

District _____

Dates Syllabus Held _____

Number Teachers _____

Number Students _____

Number Days of Adjudication _____ (how many schedules)

Adjudicators _____

Overall Summary - Comments

Your Signature

Due: May 28th (at latest) Send to:

Elizabeth E. Willis
7035 SE Hogan Ave.
Gresham, OR 97080-5203
Ph. 503-666-3672



OREGON MUSIC TEACHERS ASSOCIATION, INC.
Affiliated with Music Teachers National Association, Inc.

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