



OMTA PARTICIPATION TROPHY Teacher Order Form



Date: _____

_____ 10 pt \$6.00
 _____ 20 pt \$7.00
 _____ 30 pt \$8.00
 _____ 40 pt \$9.00
 _____ 50 pt \$10.00

Student's Name: _____

Teacher: _____ District: _____

Address: _____

Phone: _____ Email: _____

	OMTA Activity	Event Date	Teacher
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Mail to: Anne Young, 16510 SW Kimball St., Lake Oswego, OR 97035

Include:

1. Check for trophies made out to OMTA.
2. Your OMTA paid dues receipt for the year.