



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 D. Young, OMTA - State Trophy Chair, 16510 Kimball St, Lake Oswego OR 97035

Include:

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