



Oregon Music Teachers Association

Syllabus Registration Form

General (all districts, except Portland)

Teacher _____ Date _____

Phone _____ Email _____

Address _____ City _____ Zip _____

Examination Date Requested _____ 2nd Choice (Required) _____

I can assist my volunteer chairperson in the following ways: I can assist with paperwork
 My studio is available for evaluations My studio contains a grand piano

1. List your students in the order you would like them to perform.
2. Indicate the Type of Exam: EVAL, DEMO, or AUD.
3. Indicate the Level, Time, and Fee. (from the current fee schedule)
4. List the Teacher Conference if you are having one.
5. **Carefully check** addition for accuracy (total time and fees)

Student Name	Type of Exam	Level	Time	Fee
Teacher Conference				
Totals in Time and Fees				