

STUDENT AFFILIATE
STATE ORIGINAL COMPOSITION CONTEST

DIVISION ENTERED: _____

TITLE OF COMPOSITION: _____

COMPOSER INFORMATION

Name: _____

Address: _____

City & Zip: _____

Phone (including area code): _____

Email: _____

Age: _____ School Grade: _____

THEORY INFORMATION

School Grade Level of State Theory Test: _____

Fall Score: _____ Spring Score: _____

TEACHER INFORMATION

Name: _____

Address: _____

City & Zip: _____

Phone (including area code): _____

Email: _____

Local Association: _____

This entry form must be typed or printed legibly and paper clipped to each submitted manuscript. For additional SA forms, go to the Download Area on the TMTA Web site <http://www.tmta.org>. See the Student Affiliate Handbook for further information