

ISMTA Theory Examination Enrollment

Audition Center _____ Date of Examination _____

Teacher's Name _____ Email _____

Address/City/State/Zip _____ Phone _____

Please leave these
two columns blank.

Please put an asterisk (*) before names of first-time entrants.

Time	Studio	Student's Names (Please list in alphabetical order)	Level	*Medium	Fee
		1			\$
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
		11			
		12			
		13			
		14			
		15			
		16			
		17			
		18			
		19			
		20			
		TOTAL			\$

Please make ONE check covering the full amount of fees, payable to PAMTA.**Send the check along with this completed enrollment sheet to your local AIM Chairperson by the deadline.**

*Please indicate piano, organ, or voice.