DELAWARE STATE MUSIC TEACHERS ASSOCIATION, INC.

Affiliated with the Music Teachers National Association, Inc.

THE MILDRED M. GADDIS MUSIC FESTIVALS TRANSMITTAL FORM

To be filled out by each teacher - one per Festival. Please send *original and 1 copy* of this form with applications and check ($10.00 per student) to the Festival Chairman. Please type or print *legibly* to prevent secretarial errors.

Name_____ **Which Festival?** _____ **Festival Date**_____

Address_____ **E-Mail Address**_____

City_____ **State**_____ **Zip**_____ **Phone**_____

MTNA Member_____ **DMEA Member**_____ **Neither ($50.00 Non-member fee included** _____

Total No. of students_____ ***Solo Festival* which day can you help? Sat**_____ **Sun**_____
(*Please check one)*

STUDENT INFORMATION

			For Office Use Only	
Alphabetized Student Name (Last Name First)	**Level**	**Fee**	**Grade**	**Points**

Total Student Fees $_____ **Non Member Fee $**_____

Check No. _____ **Submitted in the amount of $**_____

Rev. 1/11