

**ALABAMA MUSIC TEACHERS ASSOCIATION
COLLEGIATE CHAMBER MUSIC REGISTRATION FORM**

GROUP NAME: _____
Attach Additional Sheet if Necessary

Student Name: _____ Instrument: _____

Student Name: _____ Instrument: _____

Student Name: _____ Instrument: _____

Student Name: _____ Instrument: _____

Student Name: _____ Instrument: _____

School: _____

Chamber Coach Name: _____

Chamber Coach Signature: _____

Applications will not be valid without teacher signature.

Division (check one)*: College Students: Lower Division (Fr/Soph) _____

Upper Division (Jr/Sen) _____

Graduate Division _____

*Determine division by majority of group

School or current mailing address of Primary Student Contact:

Primary Student Contact Email: _____

Primary Student Contact Phone: _____

Chamber Coach's email: _____

Chamber Coach's phone: _____

To be eligible, the teacher must be a member of AMTA **OR** the student must be a member of an MTNA Collegiate Chapter:

Teacher AMTA Member?

Yes No

Student Member of a Collegiate Chapter?

Yes No

If yes, name of chapter and advisor's name: _____

Mail completed registration **and adjudication form** with check made out to AMTA to:

Dr. Paul Houghtaling (**Woodwinds and Brass**; RECEIVED BY Deadline March 9, 2019)
1924 Fox Ridge Road
Tuscaloosa, AL 35406

Kathryn Lamb (**Strings**: March 14, 2020)
423-895-9422
klamb@samford.edu

For further information regarding eligibility and repertoire requirements, please consult www.almta.org.