MUSIC PROGRESSIONS 2011
ENROLLMENT FORM

Enrollment Postmark Deadline: Tuesday, February 15, 2011

TEACHER: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

CITY, STATE, ZIP: _____

LEVEL (1-10)	STUDENT'S NAME	OPTIONS (Levels 3 - 10) Give Brief Description	-DAY- FRI SAT SUN	CIRCLE ONE*
				AM or PM
				AM or PM
				AM or PM
				AM or PM
				AM or PM
				AM or PM
				AM or PM
				AM or PM
				AM or PM
				AM or PM
				AM or PM
				AM or PM
				AM or PM
				AM or PM

**NOTE: The preferred day and time slot, AM or PM, will be accommodated to the extent possible.*

If students must be scheduled together, please list them together joined by a {.

Total number of students enrolled: _____

Amount enclosed: _____

Mail **this form**, the **teacher work form** and **one check** made out to KCMTA for the number of students times **$24.00** to:
Sheila M. Dacus, NCTM, 9627 W 116th Ter., Overland Park, KS 66210