WACO MUSIC TEACHERS ASSOCIATION

Recital Entry Form

Teacher_____ Phone _____ Recital Date _____

Teacher's E-mail _____

(Please return completed form to the recital director by the deadline published in the yearbook.)

1. _____
   Student's Name | Grade | Level

   _____
   Title of Composition | Composer | Length

2. _____
   Student's Name | Grade | Level

   _____
   Title of Composition | Composer | Length

3. _____
   Student's Name | Grade | Level

   _____
   Title of Composition | Composer | Length

4. _____
   Student's Name | Grade | Level

   _____
   Title of Composition | Composer | Length

5. _____
   Student's Name | Grade | Level

   _____
   Title of Composition | Composer | Length