

ASSESSMENT APPLICATION FORM

ETOBICOKE-MISSISSAUGA BRANCH, O.R.M.T.A.

TEACHER: _____ Phone No.: _____ Date: _____

ADDRESS: _____ Email _____

- PLEASE PRINT IN BLOCK LETTERS
- APPLICATION FORMS WILL NOT BE ACCEPTED AFTER THE DEADLINE
- ONLY MEMORIZED PIECES QUALIFY FOR THE FINAL SCHOLARSHIP RECITAL
- STUDENTS OBTAINING A QUALIFYING MARK OF 84 OR ABOVE IN NOV-DEC ASSESSMENT ARE NOT PERMITTED TO RE-ENTER IN MARCH

Times you are available for assisting at assessments. Sat: _____ Time: _____
 (Your chosen hours subject to availability and need) Sun: _____ Time: _____

| Student | Level | Composition | Composer | Time | Fee |
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CONSULT THE “ASSESSMENT ENTRY GUIDELINES AND RULES ” SHEET AND “ASSESSMENT FEES” FOR FEES AND RULES . EMAIL THE COMPLETED FORM TO: roccosignorile@gmail.com (INSTRUMENTAL) OR em-registrations@ormta.org (VOCAL) SEND E-TRANSFER FOR THE TOTAL AMOUNT OF FEES TO: treasurer.etobmiss.ormta@gmail.com AND INDICATE THE TEACHER’S NAME IN THE E-TRANSFER NOTE.