**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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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**

**sofipeych@gmail.com** **(VOCAL) SEND E-TRANSFER FOR THE TOTAL AMOUNT OF FEES TO:** **treasurer.etobmiss.ormta@gmail.com** **AND INDICATE THE TEAHER’S NAME IN THE E-TRANSFER NOTE.**

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