

SBAMTA AIM FESTIVAL REGISTRATION FORM
April 26, 2025 at Bethel University

Please send entry form(s) with one check made payable to SBAMTA for all registrations to:
Jennifer Keeley, P.O. Box 189, La Porte, IN 46352 email: musicjenkeeley@yahoo.com

Postmark deadline-April 1, 2025. Member's fees are \$20 per student. Non-members pay \$30 per student plus one \$75 teacher fee for participation in an IMTA event. Entries **must** be accompanied with check and will not be accepted after deadline. No changes in repertoire once submitted. No late entries accepted beyond postmark deadline.

Teacher _____ MTNA member # _____

Address _____

Phone _____ Email _____ # of entries _____ Check amount _____

Student _____ Level _____

Piece 1 _____ Composer _____

Piece 2 _____ Composer _____

I authorize SBAMTA and IMTA to take and use photographs of my child for promotional or educational purposes on the website and other educational or promotional materials used by SBAMTA and IMTA. Note: Your child's name will not be utilized in conjunction with the photographs.

Date _____ Signature of Parent: _____

Student _____ Level _____

Piece 1 _____ Composer _____

Piece 2 _____ Composer _____

I authorize SBAMTA and IMTA to take and use photographs of my child for promotional or educational purposes on the website and other educational or promotional materials used by SBAMTA and IMTA. Note: Your child's name will not be utilized in conjunction with the photographs.

Date _____ Signature of Parent: _____

Student _____ Level _____

Piece 1 _____ Composer _____

Piece 2 _____ Composer _____

I authorize SBAMTA and IMTA to take and use photographs of my child for promotional or educational purposes on the website and other educational or promotional materials used by SBAMTA and IMTA. Note: Your child's name will not be utilized in conjunction with the photographs.

Date _____ Signature of Parent: _____

Student _____ Level _____

Piece 1 _____ Composer _____

Piece 2 _____ Composer _____

I authorize SBAMTA and IMTA to take and use photographs of my child for promotional or educational purposes on the website and other educational or promotional materials used by SBAMTA and IMTA. Note: Your child's name will not be utilized in conjunction with the photographs.

Date _____ Signature of Parent: _____