

2014 ATG Duet Entry Form

For Office Use: Contestant # _____ Teacher/Studio # _____



NAME OF DUET _____

TEACHER/STUDIO NAME _____

ADDRESS _____

PHONE _____ E-mail _____

Please mark ALL duet categories on one form. Print or type clearly.
Entry fees must be accompanied by a registration fee

Circle one: OPEN POLKA EVALUATION ADULT HOBBY

2014 ACCORDION PLUS ONE

MEMBER NAMES:

_____ AGE ____ / ____ / ____

_____ AGE ____ / ____ / ____

SELECTION _____

COMPOSER/ARRANGER _____

Length of performance time _____

.....
TOTAL FEES PAID (USD \$25 PER DUET) = \$ _____

Deadline for receipt of applications is June 23, 2014

Mail entry and summary forms along with payment to: Betty Jo Simon, President
10349 Century Lane, Overland Park, KS 66215
E-mail: betty@bettyjosimon.com



ENTRIES & FEES MUST BE RECEIVED BY: June 23, 2014

This Summary Form must accompany all entries submitted

NAME OF ENTRANT(S): PLEASE LIST EACH ENTRANT SEPARATELY _____
 List group names, etc. on back

NAME OF TEACHER/ATG MEMBER _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: home:(_____) _____ cell:(_____) _____

E-MAIL: _____

SOLOS	Number of entries _____	X \$20 = _____
SOLOS (All American Salute)	Number of entries _____	X \$45 = _____
SOLOS (Tango Times Two)	Number of entries _____	X \$45 = _____
US Senior/Junior CHAMPIONSHIPS	Number of entries _____	X \$45 = _____
COUPE MONDIALE QUALIFYING	Number of entries _____	X \$60 = _____
DUETS	Number of entries _____	X \$25 = _____
ENSEMBLES (3-7 members)	Number of entries _____	X \$40 = _____
ORCHESTRAS (8 + members)	Number of entries _____	X \$60 = _____
REGISTRATION FEE:		
Contestant (\$25)		\$25 = _____
Family (\$45) Only in conjunction with any of the above registration		\$45 = _____
(For up to 5 family members. i.e. mother, father and siblings living at home)		
If teacher/student is not an ATG member then an ATG membership fee must be included:		\$45 = _____

GRAND TOTAL OF ALL FEES. \$ _____

PLEASE SUBMIT ONLY ONE CHECK or Credit Card # IN US\$ PAYABLE TO:

Accordionists and Teachers Guild, International

Credit Card Type: Visa _____ MC _____ AmEx _____ Discover _____

Credit Card #: _____ Exp date: _____

ALL ATG PARTICIPANTS MUST PAY THE REQUIRED REGISTRATION FEE
 (ENTRY FEES ARE NOT THE SAME AS REGISTRATION FEES. BOTH MUST BE PAID)

**Send Entry Form and Summary Form along with payment to: Betty Jo Simon, President
 10349 Century Lane, Overland Park, KS 66215
 E-mail: betty@bettyjosimon.com**

We look forward to welcoming you to the 2014 ATG Festival!