## **ATG ENTRY FORM**

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

		SOLO		
CONTESTANT NAME_	11 h A 13 h A 15		AGE on July 19, 2017	
ADDRESS			CITY	_
STATE	ZIP	COUNTRY		_
PHONE #	CELL #	E-MAIL_		_
TEACHER/STUDIO NAM	ИE			

Mark Here If A Digital Accordion is being used [

			<b>Iark Here If A Digital Accord</b>	tion is being	used $\sqcup$
Class #	Age Limit Per Category List	Name of Selection(s)	Composer/Arranger	Duration (minutes)	Fee (\$)
S1					
S 2		1.	1.	1.	
		2.	2.	2.	
S 3		1.	1.	1.	-
		2.	2.	2.	
S 4					
S 5					
S 6					
S 7					
S 8				-	
<b>S</b> 9					
S10	32 & over				
S11	Any Age				
S12					
S13	Please	Complete Separate Entry Form	XXXXXXXXXXXXXXXX	XXXXXX	XXXX
US1 32 & Under	32 & Under	1.	1.	1.	
	2.	2.	2.		
		3.	3.	3.	
US2 1	18 & Under	1.	1.	1.	
		2.	2.	2.	
		3.	3.	3.	
CMQ	Please	Complete Separate Entry Form	XXXXXXXXXXXXXXXXX	XXXXXX	XXXX

Entry Deadline: Must Be Received By June 19, 2017