TEACHER'S ENROLLMENT FORM
Music Educator's Association of New Jersey

COMPOSITION OPTION 2

ERIC STEINER MEMORIAL AWARDS

Teacher's Name _____

Address_____

City _____State_____Zip_____

Phone (_____)_____

DEADLINE: Must be postmarked by **January 31**

Requirements:
1. 1 cassette tape or CD of composition
2. 2 copies of manuscript (not original)
3. Entry Fee of $25 per student

ONE ENTRY PER STUDENT

THIS FORM IS FOR OPTION 2 ONLY

Teacher: Please sign at the bottom and send completed registration form and one check payable to MEA to: Ruth Pasquariello,

For Option 1 use standard Audition Form See MEA Directory for Address

Parent's/Guardian signature below grants permission to representatives of the MEA of NJ to take photographs of students listed at this MEA sponsored event and to publish them with appropriate captions in MEA publications, the MEA website or local newspapers.

Student Name	Age	Fee	Composition Title	Genre	Parent/Guardian Signature

PLEASE TYPE OR PRINT CLEARLY

I have reviewed the enclose manuscripts and attest that any computer generated copies have in fact been composed and notated completely by the student.

_____

Teacher Signature

Active Members attach a photocopy of your current membership card.