Registration Form – MAP 2009-10

Teacher's Name_____Phone_____
e-mail address _____
Address_____

Site of MAP_____Date of MAP_____
(Use a separate sheet for each date and/or place)

(Please Print Clearly)

Students' Names	Level (1-10)	Full MAP	Theory Only	5th-year
_____	_____	_____	_____	____
_____	_____	_____	_____	____
_____	_____	_____	_____	____
_____	_____	_____	_____	____
_____	_____	_____	_____	____
_____	_____	_____	_____	____
_____	_____	_____	_____	____
_____	_____	_____	_____	____
_____	_____	_____	_____	____
_____	_____	_____	_____	____

Number of full MAP students,levels 1&2 _____	at $21 each:	$_____
levels 3&4 _____	at $22 each:	$_____
levels 5 - 7 _____	at $24 each:	$_____
levels 8 - 10 _____	at $26 each:	$_____
full MAP TOTAL _____		**$**_____
Number of theory only students, levels 1 - 4 _____	at $12 each:	$_____
levels 5 - 7 _____	at $14 each:	$_____
levels 8 - 10 _____	at $16 each:	$_____
theory only TOTAL _____		**$**_____
Total amount enclosed		**$**_____

Note: Teachers should collect the fees from their students and mail one check (payable to CSMTA) to the local MAP chair with this form. Fees are non-refundable and non-transferable to a different date.

I am available to help: morning _____ afternoon _____

Mail this form to the local MAP chair:
For Nov. 14 MAP (postmarked deadline 9/28) - Felicia Feng Zhang, 66 Glen Lane, Southbury 06488
For April 10 MAP (postmarked deadline 2/22) - Suzan Korman, 100 Old Maids Lane, S. Glastonbury 06073
For April 24 MAP (postmarked deadline 3/8) - Joyce Baxter, 53 Stanton Road, Clinton 06413
For May 1 MAP (postmarked deadline 3/15) - Linda Franklin-Biggs, 3 Donna Lane, Branford 06405