CMTA HOLIDAY/FALL/HYMN FESTIVAL
MASTER LIST

Teacher: _____ Phone Number:
Email: _____ _____
Number of Students: _____ @ $10.00 each = $ _____

Student Name	School Grade	Judge	Room No.	Time

All participating teachers are required to help in this event.
Remember to complete critique sheets and festival entry forms for each student.

_____
Teacher signature