

STUDENT AFFILIATE  
**STATE ORIGINAL COMPOSITION CONTEST**

DIVISION ENTERED: \_\_\_\_\_

TITLE OF COMPOSITION: \_\_\_\_\_

**COMPOSER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone (including area code): \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

**THEORY INFORMATION**

School Grade Level of State Theory Test: \_\_\_\_\_

Fall Score: \_\_\_\_\_ Spring Score: \_\_\_\_\_

**TEACHER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone (including area code): \_\_\_\_\_

Email: \_\_\_\_\_

Local Association: \_\_\_\_\_

This entry form must be typed or printed legibly and paper clipped to each submitted manuscript. For additional SA forms, go to the Download Area on the TMTA Web site <http://www.tmta.org>. See the Student Affiliate Handbook for further information