LOCAL TESTING ONLY

CMTA Student Affiliate Theory Test Registration Form

Teacher _____ Phone # _____ Paid Ck # _____
Address _____
Email _____
Fall @ $5.00 each _____ Spring @ $5.00 each _____ Total paid _____

Student Name (list by **test** level first, then **alphabetically** within test level)	**Test Level**	**School Grade**	**Test Score**

All participating teachers are required to help at this event.

_____
Signature