REGIONAL/STATE EVENTS FEE SUMMARY

Teacher Name: _____

District Name: _____

Teacher Address: _____

Teacher Phone Number: _____

Teacher Email Address: _____

WMTA ID (NOT MTNA #) _____

Description	**Regional Keyboard**	**State Keyboard** (*submitted after the Regional Event*)
# of Participants		
Times the Fee	$30.00	$40.00
Total for Each Category		

DIRECTIONS:

Complete your registration using this Event Summary form.

This form and your check must be submitted by the postmark deadline below

Mail a check and this form to: Mary Anne Olvera, 664 Louise Lane, Hudson, WI 54016

Send ONE check payable to WMTA for the TOTAL number of participants
$_____

POSTMARK DEADLINE

APRIL 7, 2027 (Regional) **MAY 11, 2027 (State)**