



Composition Workshop
Oregon Music Teachers Association
OMTA Eugene District

District: _____

Composer: _____ Phone: _____

Complete Address: _____

Present School Grade: _____ Age: _____ Syllabus Level: _____

Teacher: _____ Phone: _____

Complete Address: _____

Composition Experience: _____

Theory Knowledge: _____

Please give any specific information that may help to place the student in either Elementary or Intermediate. We will place them by their experience rather than their age.

Teacher: _____ Date: _____

Checklist: Have you enclosed the fee and registration? Great! Feel free to call or email if you have any questions.

Send Student Entry Forms and one check made payable to “Eugene OMTA” to the recital chair.

[Composition Workshop](#)