

**CENTRAL FLORIDA MUSIC TEACHERS ASSOCIATION
PIANO PLAY-A-THON REGISTRATION FORM**

Send one form per teacher. Make copies as needed. Please type or print neatly.

Teacher's Name _____

Date _____

Address _____

Phone _____ E-mail _____

Time request for Performance

1st Choice _____

2nd Choice _____

Total Amount of Performance Time: _____

Total Number of Students Participating: _____

Total Amount of Pledge \$\$ _____

LIST OF PARTICIPATING STUDENTS

Student's Name	Age	# of Pieces	Total Time of performance	Pledge \$\$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST OF PARTICIPATING STUDENTS cont'

Student's Name	Age	# of Pieces	TotalTime of performance	Pledge \$\$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____