

**LOCAL ASSOCIATION STUDENT WORKSHOP REPORT:
TEACHER CONTACT INFO**
(Qualifying event for the KMTA State Honors Recitals)

Local Chair: Please include this form along with the Local Association Student Workshop Report Form, Adjudicator's Recommendation List, and a copy of the Financial Report. (Please make copies as needed.)
New 2012 Guideline: the top 25% of entries are qualified for the KMTA State Honors Recitals.

LOCAL ASSOCIATION: _____ **DATE:** _____

Coordinator's Name: _____

List of Teachers with recommended students:

Teacher Name: _____

Address: _____ email: _____

Students Recommended: (please indicate if student is ELEM or JR/SR)

Teacher Name: _____

Address: _____ email: _____

Students Recommended: (please indicate if student is ELEM or JR/SR)

Teacher Name: _____

Address: _____ email: _____

Students Recommended: (please indicate if student is ELEM or JR/SR)

Teacher Name: _____

Address: _____ email: _____

Students Recommended: (please indicate if student is ELEM or JR/SR)
