



National Association of Teachers of Singing  
Mississippi Chapter

TEACHER REGISTRATION FORM

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

School \_\_\_\_\_ Email \_\_\_\_\_

Telephone (office) \_\_\_\_\_ (home) \_\_\_\_\_

Please check here if you are qualified and willing to judge the Musical Theater classifications \_\_\_\_\_

|   |          |
|---|----------|
| Student entries: Number of students _____ x \$15.00 | \$ _____ |
| Teacher Registration (\$30.00)                      | \$ _____ |
| Total registration amount enclosed                  | \$ _____ |

Send to:  
Kimberly Broadwater, Audition Chairperson  
1113 Deering St.  
Cleveland, MS 38732

**Request for Judging Waiver**

I wish to be released from my judging responsibilities at the Mississippi Chapter Student Auditions for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Even though I will not be able to attend the conference and assist in judging. I will pay the teacher registration fee to support the conference. I understand that my students will not be allowed to participate at the conference unless my registration unless my registration fee is paid.

Signature \_\_\_\_\_