

Registration Form - MAP 2025

Teacher's Name _____

Address _____

E-mail address _____

Phone _____

Site of MAP _____ **Date of MAP** _____

(Use a separate sheet for each date and /or site)

(Please print Clearly)

<u>Student's Name</u>	<u>Level (1-10)</u>	<u>Full MAP</u>	<u>Theory Only</u>	<u>5th Year</u>	<u>Levels 1-9 Completed</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Number of Full MAP Students:

Levels 1 & 2	_____	at \$30 each: \$ _____
Levels 3 & 4	_____	at \$32 each: \$ _____
Levels 5 -7	_____	at \$34 each: \$ _____
Levels 8 -10	_____	at \$36 each: \$ _____

Full MAP Total Students _____ **Fee Total: \$** _____

Levels 1 - 4	_____	at \$20 each: \$ _____
Levels 5 -7	_____	at \$22 each: \$ _____
Levels 8 -10	_____	at \$24 each: \$ _____

Theory Only Total Students _____ **Fee Total: \$** _____

Total Amount Enclosed: \$ _____

Note: Teachers should collect the fees from the students and mail one check (**Payable to CSMTA**) to the local chair of the MAP site. Fees are non-refundable and non-transferable to a different date.

It is mandatory that teachers help at any MAP in which their students participate. Student Participation is contingent upon teacher help.

I am available to help: (Please check all that apply) Morning _____ **Afternoon** _____

MAP Dates and Chairs

- April 5th: Hartford (postmark deadline 2/22) Suzan Korman, 100 Old Maids Lane, S. Glastonbury, 06073
- May 10th: New Haven (postmark deadline 3/29) Linda Franklin-Biggs, 3 Donna Lane, Branford, 06405
- May 17th: Fairfield (postmark deadline 4/5) Seray Goktekin, 26 Midway Drive, Bethel, 06801