



MEMORIAL CONTEST

ILLINOIS MUSIC ASSOCIATION
ANNUAL MEMORIAL CONTEST



NOTE: THE CONTEST FEE WORKSHEET MUST BE SENT WITH YOUR APPLICATIONS

ENTRY STUDENT MUST A RESIDENT OF ILLINOIS AND BE SPONSORED BY AN "IMA MEMBER"

SCHOOL / TEACHER NAME : _____ PHONE # : _____

ADDRESS : _____ CITY, STATE, ZIP : _____

EMAIL: _____

PLEASE PRINT OR TYPE LAST NAME,	FIRST NAME	AGE	INSTRUMENT	SELECTION	COMPOSER / ARRANGER
1					1
2					2
3					3
4					4
5					5
6					6

NOTICE ; ONLY ONE CHECK OR MONEY ORDER WILL BE ACCEPTED TO COVER "ALL" ENTRIES.

CASH WILL NOT BE ACCEPTED !!

MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO :

MAIL ALL APPLICATIONS TO THE CONTEST COMMITTEE > > > >

ILLINOIS MUSIC ASSOCIATION

5004 N. CANFIELD

NORRIDGE, ILLINOIS 60706

PAT: 708-250-9630

PHYLLIS: 708-712-7497