

# ILLINOIS MUSIC ASSOCIATION PLAY-A-THON PERFORMANCE

Teacher's / School Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Store: \_\_\_\_\_ Cell/Email \_\_\_\_\_ Total Amount of Time for all Students: \_\_\_\_\_

Please list in order the students who will be performing, (print their names as you want them to appear on their certificates and in the program) their selection, Instrument, approximat length in minutes and the composer Use an additional sheet if needed.

**Mail to I.M.A. c/o Stacey De & Company 1946 University Lane, Lisle IL 60532 Contact phones: 630-541-6072 (Stacey) or 847-298-3471 (Kathy)**

	Name	Selection	Composer	Lenght	Instrument
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					