

GASTA Solo Competition Entry Form

Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Instrument _____ Age _____ Birth date _____

Division

Junior Senior

Are you a member of ASTA?

yes no ASTA ID number _____

Is your teacher a member of ASTA?

yes: ASTA ID Number _____ no not sure:

Teacher's name _____

Repertoire to be performed _____

Applicant Signature _____ Date _____

Parent/Guardian Signature (required for Junior Division Applicants) _____

Please return this completed form along with the \$55 entry fee (checks made to Georgia ASTA) and a copy of an official document showing the applicant's date of birth to:

Dr. Richard Bell
739 Deerwood Dr.
Stockbridge, GA 30281