

## Registration Form - MAP 2024

**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 \$26 each: \$ _____ |
| Levels 3 & 4 | _____ | at \$28 each: \$ _____ |
| Levels 5 -7  | _____ | at \$30 each: \$ _____ |
| Levels 8 -10 | _____ | at \$32 each: \$ _____ |

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

|              |       |                        |
|--------------|-------|------------------------|
| Levels 1 - 4 | _____ | at \$16 each: \$ _____ |
| Levels 5 -7  | _____ | at \$18 each: \$ _____ |
| Levels 8 -10 | _____ | at \$20 each: \$ _____ |

**Number of Theory Only Students:**

**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 20th: Hartford (postmark deadline 3/9) Suzan Korman, 100 Old Maids Lane, S. Glastonbury, 06073
- April 21st: Fairfield (postmark deadline 3/9) Seray Goktekin, 26 Midway Drive, Bethel, 06801
- May 11th: New Haven (postmark deadline 3/30) Linda Franklin-Biggs, 3 Donna Lane, Branford, 06405