

**TEXAS MUSIC TEACHERS  
ASSOCIATION World of Music TEST  
DATE FORM**

**To: Local Student Affiliate or World of Music Chairman**

**From: Beverly Ryan  
502 Reinsa  
Garland, TX 75043**

**Please complete the form below and return it to me or email me by September 30<sup>th</sup>. In knowing your projected testing date, I will be aware of failure to receive your test order. This also serves as a guideline for the number of tests to print. Thank you for your help.**

**ASSOCIATION:** \_\_\_\_\_

**LOCAL STUDENT AFFILIATE CHAIRMAN:** \_\_\_\_\_

**LOCAL WORLD OF MUSIC CHAIRMAN PHONE NUMBER:** \_\_\_\_\_

**MAILING ADDRESS (STREET):** \_\_\_\_\_

**CITY ZIP:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**TEST DATE:** \_\_\_\_\_

\_\_\_\_\_ **Indicate if not giving the test this year. Why?** \_\_\_\_\_

**Please notify me if your testing date changes: (972)279-6360 OR  
worldofmusic@tmta.org**