

BCRMTA Richmond Branch Trophy Application

Discipline _____ Exam Session _____ Year _____
(piano, strings, woodwinds, voice) (June, August, January)

Teacher: _____ Phone & Email _____

Grade	Mark	Student Name (Print Clearly)	Phone # & Email of Student/Parent
i.e. 2	83	Jane Doe	604-123-4567 janedoe@hotmail.com
1			
2			
3			
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5			
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8			
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ARCT			

Please use **one** form for ALL your students. Thank you.