

SKAGIT VALLEY CHAPTER
Washington State Music Teachers Association

**ACCOMPANIST AWARD
NOMINATING FORM**

1. Student's name: _____

Name of school or community group: _____

Activity being recognized and length of service: _____

2. Student's name: _____

Name of school or community group: _____

Activity being recognized and length of service: _____

3. Student's name: _____

Name of school or community group: _____

Activity being recognized and length of service: _____

WSMTA Teacher Information:

Print Name: _____ Phone: _____

WSMTA Teacher Signature

Date

Forms are due to Awards committee by the April meeting and distributed at the May meeting

Revised 8/2014