



# TEXAS ASSOCIATION OF MARIACHI EDUCATORS

## Registration Invoice

*(Include a copy of this invoice with your payment)*

\_\_\_\_ AREA REGISTRTRATION

\_\_\_\_ STATE REGISTRATION

Director Name: \_\_\_\_\_

Email: \_\_\_\_\_

School Name: \_\_\_\_\_

District Name: \_\_\_\_\_

### Fee Totals

*(Note that a registration fee is required for all participating groups. Groups will not be considered registered until all documents and payments are submitted)*

Group Total	Group Type	Registration Fee <i>(per group/per contest)</i>	Total
	JV-High School		\$
	Varsity-High School		\$
<b>Total for all Groups</b>			<b>\$</b>

### **Payment Type**

*\*Note that cash will not be accepted\**

\_\_\_\_ Check \_\_\_\_\_

\_\_\_\_ Money Order \_\_\_\_\_