



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
	Middle School Group	\$200	\$
	JV-High School	\$200	\$
	Varsity-High School	\$250	\$
Total for all Groups			\$

Payment Type

Note that cash will not be accepted

____ Check _____

____ Money Order _____