SCMTA DEPOSIT VOUCHER

_____ _____
Name of person submitting deposit | Office or Chair Position

_____ Email:_____ _____
Phone | Date Submitted

EVENT:	**District Auditions**	**State Auditions**	**MTNA Competitions**	
	_____District #	____Pre-College	____Composition	
		____State Festival	____Junior Performance	____Young Artist Performance
			____Senior Performance	____Chamber Music

OTHER EVENT OR CATEGORY:_____

ITEMS FOR DEPOSIT

Name	No. of Entrants Or Size of Ad	Registration Fee/Student	TOTAL AMT OF CHECK
_____	_____	_____	_____._____
_____	_____	_____	_____._____
_____	_____	_____	_____._____
_____	_____	_____	_____._____
_____	_____	_____	_____._____
_____	_____	_____	_____._____
_____	_____	_____	_____._____
_____	_____	_____	_____._____
_____	_____	_____	_____._____
_____	_____	_____	_____._____

Continue on additional page if necessary (staple all pages together and total on last page)

TOTAL AMOUNT OF DEPOSIT _____.____

FOR TREASURER'S USE ONLY Date Rec'd_____ Date Deposited_____ DEPOSIT VOUCHER # **D**_____