SYLLABUS EXAMINATION APPLICATION



Deadline for Examination Application Form & Payment - June 1, 2024

Name of Applicant:				Age	(if under age 18)
Parent/Guardian	Name (if applicant une	der age 18)			
Applicant's (or P	arent/Guardian) com	plete Address _.			
Phone (H)	(C)		Email		
Name of Teacher	r				
Teacher complet	te Address				
Phone (H)	(C)		Email		
Is Ap	oplicant an ATG Mem	ber?	Is Teacher a	an ATG Memb	er?
	ATG Member	Non-	Please "X" ONE BOX to indicate Exam(s)		
Level	Fee (or teacher is			You Are Applyi	•
	ATG member)	Fee	Practical	Written	Both
Preparatory	\$ 50.00	\$ 60.00			
1	\$ 50.00	\$ 60.00			
2	\$ 50.00	\$ 60.00			
3	\$ 60.00	\$ 70.00			
4	\$ 60.00	\$ 70.00			
5	\$ 75.00	\$ 85.00			
6	\$ 75.00	\$ 85.00			
7	\$100.00	\$110.00			
8	\$100.00	\$110.00			
Total	\$	\$			
completed before or practical exam Please indicate r 1.		n of the next level. duled at a later da s you are prepa	Payment in full the with no addition ing (as outline)	is required to sc onal charge)	
2					
3					
4.					
	4420 Morella Ave., S	•	91607 USA		rer zeef@aol.com
Make :	your Check out to: A	TG and mail to a	above		
https://	your Credit Card Pay www.atgaccordions.co ck "Pay Now" button				lown to bottom of the wo