

WEST PRINCE FESTIVAL ENTRY FORM

Please ensure that your entry is complete and that full payment is enclosed

PLEASE NOTE: Closing date is February 28th.

1. Within each discipline (piano, voice, etc.), only one entry form per participant is needed.
2. Each discipline requires a separate entry form.
3. State exact performance times.
4. Cheques should be made to West Prince Music Festival
5. AGE IS AS JANUARY 31ST OF FESTIVAL YEAR.
6. Mail entries to: WPMF, c/o Claude Brisson, R.R. 1, Alberton, PE COB 1B0

A. SOLO CONTESTANT INFORMATION (For group entries, see Section B or Section C).

NAME: _____ AGE: _____

TELEPHONE: _____ ACCOMPANIST: _____

IF APPLICABLE

B. SMALL GROUP ENTRY INFORMATION (Duets, Trios, Quartets, Small Ensembles).

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

C. LARGE GROUP ENTRY INFORMATION (Choirs, Bands, Large Ensembles {6-12 members}).

GROUP NAME: _____

Number in Group: _____ CONDUCTOR: _____

D. TEACHER INFORMATION

NAME: _____ TELEPHONE: _____

E-MAIL ADDRESS: _____

SEE REVERSE

E. Classes		Instrument:	
Category: (check one) ___Pre-Junior ___Junior ___Intermediate ___Senior ___Advanced			
1. Class Number:	Class Title:		
Selection:	Opus_____ No._____ Mv't ____		
Composer:	Arranger:		
Performance duration: _____ min. _____ sec.	Class fee: \$		
2. Class Number:	Class Title:		
Selection:	Opus_____ No._____ Mv't ____		
Composer:	Arranger:		
Performance duration: _____ min. _____ sec.	Class fee: \$		
3. Class Number:	Class Title:		
Selection:	Opus_____ No._____ Mv't ____		
Composer:	Arranger:		
Performance duration: _____ min. _____ sec.	Class fee: \$		
4. Class Number:	Class Title:		
Selection:	Opus_____ No._____ Mv't ____		
Composer:	Arranger:		
Performance duration: _____ min. _____ sec.	Class fee: \$		
5. Class Number:	Class Title:		
Selection:	Opus_____ No._____ Mv't ____		
Composer:	Arranger:		
Performance duration: _____ min. _____ sec.	Class fee: \$		

CLASSES REQUIRING 2 OR MORE SELECTIONS: CHOIRS, BANDS, RECITAL GROUPS.

Class Number:	Class Title:		
Selection 1:	Opus_____ No._____ Mv't ____		
Composer:	Arranger:		
Performance duration: _____ min. _____ sec.	Class fee: \$		
Selection 2:	Opus_____ No._____ Mv't ____		
Composer:	Arranger:		
Performance duration: _____ min. _____ sec.	Class fee: \$		
Selection 3:	Opus_____ No._____ Mv't ____		
Composer:	Arranger:		
Performance duration: _____ min. _____ sec.	Class fee: \$		

Prizes and Awards depend on the generosity of West Prince businesses, private donors and the general public. Donations are gratefully accepted and receipts for income tax purposes will be issued for donations of \$5.00 and more. If you wish to make a donation, please indicate the amount here. \$_____

Rules and regulations as stipulated in the PEI Festival Syllabus apply. All competitors must supply a copy of their own choice selections. **Photocopied music is unacceptable in this Festival.**

Signature: _____ **Date:** _____ **Total Enclosed \$** _____
 Contestant, Parent or Teacher's Signature