

**KINGS COUNTY MUSIC FESTIVAL
ENTRY FORM**

Name of Competitor(s) _____

Postal Code: _____ H. Phone: _____ W. Phone: _____

Age (as of Jan. 31 of Festival year) _____ Email address: _____

Parent/Guardian's Name: _____

Music Teacher's Name: _____ Phone: _____

Accompanist's Name: _____ Phone: _____

Class Entered: _____ Number of Members in Group or Ensemble: _____

Name of Test Piece and/or own choice selection (s):

- | | Title | Composer's full name |
|-----|--|----------------------|
| (1) | _____ | _____ |
| (2) | _____ | _____ |
| (3) | Source of test piece and page number: _____ Pg _____ | |
| (4) | Amount of time needed for your performance: Minutes _____ Seconds: _____ | |

Entry Fee Enclosed \$ _____ Other classes entered: _____

Signature of Parent/Guardian/Music Teacher (competitors under 18)

It is the responsibility of the contestant to know when they perform. Please pick up a copy of the Music Festival Program (available in mid April) or contact the following Festival Committee member.

Anne McLeod: dave.phc@pei.sympatico.ca

PLEASE NOTE: Photocopied music will not be accepted in any public place at this festival

Please send entries to: **Anne McLeod**
5750 TCH, Lower Newtown
Vernon Bridge, R.R. 2
P.E.I. C0A 2E0