TRURO MUSIC FESTIVAL

DUET, TRIO, QUARTET ENTRY FORM

(SINGLE AND SCHOOLS - PLEASE USE THE OTHER ENTRY FORM)

*Mail to **Truro Music Festival Registration**, P.O. Box 1742, Truro, NS B2N 5Z2. Registration date is **January 15, 2010**.*
Entries postmarked after this date will not be processed.
For questions or clarifications, please contact Max Legere at 895-6532 (evenings) prior to the close date.

CLASS NUMBER _____ **CLASS DESCRIPTION** _____ **FEE** _____

ENTRANT #1

Name _____ **Date of Birth** ____/____/____ (dd mm yy) **School Grade** _____

Address _____

_____ **Postal Code** _____ **Music Teacher** _____

Phone _____ **Teacher Phone** _____

Email _____ **Teacher Email** _____

Complete the information below for each additional entrant

ENTRANT #2

Name _____ **Phone** _____ **Date of Birth** ____/____/____ (dd mm yy) **School Grade** _____

ENTRANT #3

Name _____ **Phone** _____ **Date of Birth** ____/____/____ (dd mm yy) **School Grade** _____

ENTRANT #4

Name _____ **Phone** _____ **Date of Birth** ____/____/____ (dd mm yy) **School Grade** _____

Special considerations for scheduling: _____

Before mailing, please ensure that all requested information is given, and that the correct amount of fees is enclosed. Please make cheques payable to the Truro Music Festival. A single cheque may accompany multiple entry forms if they are put together in one envelope with the cheque.

It is the responsibility of the entrant / parent / teacher to READ ALL RULES and enter the correct class by CLASS NUMBER

I have read and agree to abide by the rules of the Truro Music Festival as listed in the Syllabus

_____
SIGNATURE **DATE**

If under 16, please give an adult contact: _____

Contact phone and/or email: _____