



Medicine Hat Rotary Music Festival

Box 2498, Medicine Hat, AB T1A 8G8

www.rotarymusicfestival.com mhrotarymusicfestival@gmail.com

REGISTRATION FORM

Please check one:

- SOLO (INDIVIDUAL) ENTRIES**
- GROUPS: DUETS/TRIOS/QUARTETS**

MAIL IN REGISTRATION DEADLINE – DECEMBER 22, 2017

Last Name _____ First Name _____

Date of Birth: Month _____ Day _____ Year _____ Male Female

Address: _____ City _____

Postal Code: _____ Phone No: _____ Email: _____

Teacher's Name: _____ School (if School Entry): _____

Phone #: _____ Email: _____

Accompanist (REQUIRED): _____ Email: _____

IF A GROUP ENTRY PLEASE FILL OUT THIS PORTION:

- Duet
- Trio
- Quartet
- Other

Names of group members, other than person registering (above):

1. Last Name _____ First Name _____

Date of Birth: Month _____ Day _____ Year _____ Male Female

2. Last Name _____ First Name _____

Date of Birth: Month _____ Day _____ Year _____ Male Female

3. Last Name _____ First Name _____

Date of Birth: Month _____ Day _____ Year _____ Male Female

4. Last Name _____ First Name _____

Date of Birth: Month _____ Day _____ Year _____ Male Female

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