



# 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 POST-MARKED BY DEADLINE – DECEMBER 21, 2018**

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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**ENTRY FORM** (ALL information is mandatory for each selection)

Class #	Class Name	Music Selection	Composer	Time	Fee
				<b>TOTAL</b>	

FEES: SOLO 12/under - \$20  
 SOLO over 12 - \$25  
 Group/Duet/Recital/Concert classes - \$39