

ENTRY FORM

New Brunswick Competitive Festival of Music, Inc.

5 Heritage Gardens, Saint John, NB E2M 5R7

Festival Dates: April 22 to May 1, 2024 ~ **Entries closing date: Friday, February 16, 2024**

Entries must be received **online or by mail** to the above Festival address, postmarked no later than **Friday, February 16, 2024**. Entries received after the closing date will **not** be processed.

IMPORTANT – PLEASE NOTE:

1. It is the sole responsibility of the competitor to read the rules of the Festival and enter the correct classes as outlined and listed in the 2024 Syllabus.
2. Competitors **must** enter at least three classes (where applicable) to be eligible for awards and/or concert participation.
3. **ABSOLUTELY NO CHANGES WILL BE ACCEPTED AFTER THE DEADLINE DATE.**
4. Competitor contact information **MUST** be your address & phone number **NOT** your teacher's.

COMPETITOR INFORMATION

Name of Competitor _____ Gender M F

PLEASE PRINT ALL INFORMATION

Home Address of Competitor _____

City _____ Province _____ Postal Code _____

Phone Number _____ Email _____

Date of Birth _____ Permission to correspond Via Email? Yes No
Month/Day/Year

Parent/Guardian Name(s) _____

College/University (if applicable) _____

Address while at College or University _____

City _____ Province _____ Postal Code _____

Phone Number at College or University _____ Phone Number during Festival _____

To prevent conflicts in the program, list what choirs or accompanying you may be involved in or any other disciplines you are competing in:

TEACHER INFORMATION

Name _____ Teacher Phone Number _____


Email _____ Permission to correspond Via Email? Yes No

Address _____

City _____ Province _____ Postal Code _____

(Continued on Reverse)

DISCIPLINE BEING ENTERED (i.e. piano, strings, etc.): _____

Class No.*	Title of Piece(s)*	Grade Level*~	Composer* (Ex. J. Smith)	Perf. Time		Class Fee*
SUBTOTAL						
PAPER ENTRY FORM PROCESSING FEE						\$ 10.00
TOTAL ENTRY FEES ENCLOSED: <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order						\$

Please do not reference key name in solfeggio. Opus, K, H, Sonatina or Concerto movements **must** be indicated.

* Represents MANDATORY fields.

~ Applies to Solo Classes ONLY.

° Please indicate if the selected piece is Canadian by marking an X in the box.

Please note Rules in the Syllabus regarding Own Choice Selections to avoid disqualification.

Name of Accompanist for Strings, Vocalists, Piano Concerto, Instrumental

_____ Phone Number _____

Additional Information for Choirs, Orchestras, Bands, Ensembles, etc.

Name of Conductor _____ Phone Number _____

Name of Accompanist _____ Number of Members _____

Number of Music Stands Required _____ Number of Chairs Required _____

For duets, duos, trios or quartets, please list other member's names and birthdates here:

Name	Phone Number	Birthday (mm/dd/yyyy)

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Signature of Parent or Participant (if of age): _____