

# ENTRY FORM

## New Brunswick Competitive Festival of Music, Inc.

239 St. James Street West, Saint John, NB E2M 3A5

**Festival Dates:** April 21 to 30, 2025 ~ **Entries closing date: Friday, February 14, 2025**

Entries must be received **online or by mail** to the above Festival address, postmarked no later than **Friday, February 14, 2025**. 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 2025 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*
<b>SUBTOTAL</b>						
<b>PAPER ENTRY FORM PROCESSING FEE</b>						<b>\$ 10.00</b>
<b>TOTAL ENTRY FEES ENCLOSED:</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order						<b>\$</b>

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): \_\_\_\_\_