

KINGS COUNTY MUSIC FESTIVAL
“SMALL GROUP” ENTRY FORM
Duets, Trios, Quartets, Small Ensembles (3-5 members)

Designated Contact Name: _____

Address: _____

Postal Code: _____ Phone: _____

Email address: _____

Music Teacher's Name: _____ Phone: _____

Accompanist's Name: _____ Phone: _____

Please indicate whether entering: *Competitively* or *Non-Competitively* Class Fee: \$ _____

PERFORMERS:

Name: _____ Age (as of Dec 31 of previous year): _____

Name: _____ Age (as of Dec 31 of previous year): _____

Name: _____ Age (as of Dec 31 of previous year): _____

Name: _____ Age (as of Dec 31 of previous year): _____

Name: _____ Age (as of Dec 31 of previous year): _____

ENTER CLASS NUMBER and CLASS TITLE AS STATED IN THE SYLLABUS, including full titles of test pieces & own selections (complete detail of Composer, Work, Opus No, Movement, etc). **Photocopied music will not be accepted in any public place at this festival.**

Class No: _____ Class Title: _____

1 - Selection Name: _____

Composer: _____

Source of Music: _____ Page No: _____

Performance Duration: _____ (mm:ss)

2 - Selection Name: _____

Composer: _____

Source of Music: _____ Page No: _____

Performance Duration: _____ (mm:ss)

3 - Selection Name: _____

Composer: _____

Source of Music: _____ Page No: _____

Performance Duration: _____ (mm:ss)

TOTAL ENCLOSED \$ _____ (please make cheque payable to: *Kings County Music Festival*)

It is the responsibility of the contestant to know when they perform. Festival Programs will be available in mid April, or contact Claire Arthur: music.teaching@gmail.com

Send entries to: **Claire Arthur, 3069 Murray Harbour Road, Belfast RR3, PE COA 1A0**