

MEMORIAL AWARDS ENTRY FORM

Please TYPE OR PRINT

Student's name (PRINT clearly)	School Grade

COMPOSITIONS (must be two contrasting musical periods)	Level (must be advanced)	COMPOSER	Performance Time Mins/secs
1.			
2.			

Instrument or Voice	
Accompanist	
Total playing time	
Fee Paid	\$

Teacher's Name	Phone Number	Email address

My student and parents are aware of and agree to the competition rules. The winners will be required to attend the Y.A.G. Recital in June where they will receive their prize money. Teacher must be present at the Recital in order for the student to receive the award.

Teacher's Signature: _____ Date Form Submitted: _____

MEMORIAL AWARDS ENTRY FORM

Please TYPE OR PRINT

Student's name (PRINT clearly)	School Grade

COMPOSITIONS (must be two contrasting musical periods)	Level (must be advanced)	COMPOSER	Performance Time Mins/secs
1.			
2.			

Instrument or Voice	
Accompanist	
Total playing time	
Fee Paid	\$

Teacher's Name	Phone Number	Email address

My student and parents are aware of and agree to the competition rules. The winners will be required to attend the Y.A.G. Recital in June where they will receive their prize money. Teacher must be present at the Recital in order for the student to receive the award.

Teacher's Signature: _____ Date Form Submitted: _____