

PORT COLBORNE FESTIVAL OF THE ARTS

ENSEMBLE ENTRY FORM

Entry Forms and Fees Deadline - February 1

TEACHER INFORMATION: Please print clearly

Last Name _____ First Name _____

Address _____ Postal Code _____

Email Address _____ Telephone _____

It is your responsibility to select the correct classes. Please print clearly.

Please list names of all students entering ensemble classes and indicate their age as of **January 1**

Please make ***CHEQUE/MONEY ORDER*** payable (**CAD ONLY**) to:
PORT COLBORNE FESTIVAL OF THE ARTS

Mail to:

P.O. Box 531, Port Colborne, ON L3K 5X7

***** ENTRIES WILL NOT BE ACCEPTED AFTER FEBRUARY 1 *****

Participants entering the Port Colborne Festival of the Arts agree to have their names/pictures appear in Festival programs, local newspapers and on the Festival's web site

Name of Student	Age	Class #	Title of Selection (even selected titles liste	Composer	Performance Time	Fee (\$)

Total Ensemble Entry Fee: \$