

# PORT COLBORNE FESTIVAL OF THE ARTS SOLO ENTRY FORM

## Form and Fee Deadline – February 1

Please use one (1) form for each participant for all classes entered

### PARTICIPANT INFORMATION: Please PRINT clearly

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age as of Jan 01 \_\_\_\_\_ Current Level of Study \_\_\_\_\_  
Current R.C.M./C.C. Level of Study \_\_\_\_\_

### TEACHER INFORMATION: Please PRINT clearly

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

<b>CLASS #</b> (e.g. P1)	<b>DESCRIPTION</b> (e.g. 8 yr & under Piano Solo)	<b>TITLE OF SELECTION</b> (e.g. "On the Lagoon")	<b>COMPOSER</b> (e.g. "Fletcher")	<b>PERFORMANCE TIME</b> (min/secs)	<b>FEE</b> \$

**If more space is required, please attach an additional Entry Form.**

ENTRY FEE TOTAL .....	\$
NUMBER OF PROGRAMS REQUIRED (@ \$4.each) _____	Program total \$
FRIENDS OF THE FESTIVAL .....	\$ _____
<b>Tax receipts will be issued for donations of \$25.00 or more (or upon request). Any donation is greatly appreciated.</b>	
GRAND TOTAL .....	\$ _____

**TO ASSIST WITH THE PROCESSING OF ENTRY FORMS, please list below all of the ENSEMBLE CLASSES** *(listed on the separate Ensemble Entry Form)* **entered by this participant** (e.g. P129, P140, V62)

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

If printing this form please sign in the appropriate spaces below:

Parent's/Guardian's Signature  
*(if participant is under 18 yrs.)*

Teacher's Signature

Please make CHEQUE OR MONEY ORDER PAYABLE (CAD ONLY) TO:

**PORT COLBORNE FESTIVAL OF THE ARTS**

and send to: P.O. Box 531, Port Colborne, ON L3K 5X7

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