ACCORDION ASSOCIATION OF CALGRY

ANNUAL MUSIC FESTIVAL ENTRY FORM 2019

COMPETITOR INFORMATION

Name_____

Address_____

City_____Province_____Postal Code_____

Telephone_____E-mail_____

Age (as of June 1) _____Teacher's Name_____

Grade Level/Book studying as of June 2018_____

Please note that all required documents need to be attached to this form and entry fees paid in full. If any information is outstanding, competitors may not be eligible to compete. All festival fees are non-refundable. All competitors will be contacted via e-mail regarding scheduling.

CLASS NUMBER	NAME OF SELECTION	ARRANGER/COMPOSER	FEE ($)