



**PROVINCIAL MUSIC & SPEECH ARTS FINALS**  
 Brandon University, Brandon, MB  
 May 28<sup>th</sup> – 30<sup>th</sup>, 2010

For Office Use only: <input type="checkbox"/> Paid <input type="checkbox"/> Entered Date of Receipt:
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**NATIONAL CHAMBER GROUP CLASS**

Return completed form with the non-refundable entry fee of **\$45.00** to the address at the bottom of this form. Make cheques payable to **Associated Manitoba Arts Festivals (AMAF)**. Entries will not be accepted after May 1<sup>st</sup>, 2010 unless prior arrangements have been made with AMAF. If you have any questions, please contact the AMAF office.

Scheduling requests must be in writing and received with or following this entry form and fee no later than May 1<sup>st</sup>, 2010.

For submission to be accepted, information must be complete for all group members.

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK.

RECOMMENDED

ALTERNATE

Group Name:
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**Primary Contact:**

Name:		
Address:		Telephone:
City/Town:	Province:	Postal Code:
Email:		

Local Festival:	Recommended from Class #:
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**Please Note: Performance time limited to 40 minutes**

Recommended Selection:		
Opus Number, Movement(s):	Composer:	Length of performance:
Own Choice Selection:		
Opus Number, Movement(s):	Composer:	Length of performance:

**Group Member #1:**

Name:		Birth Date mm/dd/yyyy:
Address:		Telephone:
City/Town:	Province:	Postal Code:
Email:		Instrument:
Teacher's Name:		Telephone:
Address:		City/Town:
Province:	Postal Code:	Email:

*This signature certifies that Associated Manitoba Arts Festivals (AMAF) has my permission to use for promotional purposes all or part of any photo(s) or audio recording(s) of me from the 2010 Provincial Music & Speech Arts Finals.*

Signature of Competitor or Parent/Guardian (if Competitor is under 18 years of age)

Date

2010 PROVINCIAL FINALS ENTRY FORM: NATIONAL CHAMBER GROUP CLASS

DUE: MAY 1, 2010

**Group Member #2:**

Name:		Birth Date mm/dd/yyyy:
Address:		Telephone:
City/Town:	Province:	Postal Code:
Email:		Instrument:
Teacher's Name:		Telephone:
Address:		City/Town:
Province:	Postal Code:	Email:

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\_\_\_\_\_  
Signature of Competitor or Parent/Guardian (if Competitor is under 18 years of age)

\_\_\_\_\_  
Date

**Group Member #3:**

Name:		Birth Date mm/dd/yyyy:
Address:		Telephone:
City/Town:	Province:	Postal Code:
Email:		Instrument:
Teacher's Name:		Telephone:
Address:		City/Town:
Province:	Postal Code:	Email:

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\_\_\_\_\_  
Signature of Competitor or Parent/Guardian (if Competitor is under 18 years of age)

\_\_\_\_\_  
Date

**Group Member #4:**

Name:		Birth Date mm/dd/yyyy:
Address:		Telephone:
City/Town:	Province:	Postal Code:
Email:		Instrument:
Teacher's Name:		Telephone:
Address:		City/Town:
Province:	Postal Code:	Email:

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\_\_\_\_\_  
Signature of Competitor or Parent/Guardian (if Competitor is under 18 years of age)

\_\_\_\_\_  
Date

Group Member #5:

Name:		Birth Date mm/dd/yyyy:
Address:		Telephone:
City/Town:	Province:	Postal Code:
Email:		Instrument:
Teacher's Name:		Telephone:
Address:		City/Town:
Province:	Postal Code:	Email:

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\_\_\_\_\_  
Signature of Competitor or Parent/Guardian (if Competitor is under 18 years of age)

\_\_\_\_\_  
Date

Group Member #6:

Name:		Birth Date mm/dd/yyyy:
Address:		Telephone:
City/Town:	Province:	Postal Code:
Email:		Instrument:
Teacher's Name:		Telephone:
Address:		City/Town:
Province:	Postal Code:	Email:

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\_\_\_\_\_  
Signature of Competitor or Parent/Guardian (if Competitor is under 18 years of age)

\_\_\_\_\_  
Date

The Competitors and/or Parents/Guardians, in filing this entry, accept that they are responsible for the accuracy of information submitted on this form and attest that they have read, understand and are in compliance with Associated Manitoba Arts Festivals Provincial Music & Speech Arts Finals regulations and the 2010 National Music Festival Syllabus.