

CHILLIWACK LIONS CLUB MUSIC & DANCE FESTIVAL
(MusicFest Canada Affiliate)

(download available at www.chilliwacklionsclubmusicanddancefestival.com)

Office Use Only: Class # _____
Office Use Only: Special Requests _____

**OFFICIAL ENTRY FORM FOR SOLO INSTRUMENTS
OTHER THAN PIANO AND BAND**

CLOSING DATE: Must be received on or before DECEMBER 1st, 2017
FESTIVAL DATES: MARCH 5 to MARCH 15, 2018 / Honours Performance Saturday, April 7, 2018

ENTRY FORMS MAY BE PHOTOCOPIED - 1 FORM PER CLASS ENTRY

PARTICIPANT'S NAME (last, first): _____

Birthdate: _____ Age: (Dec.31, 2017) _____ Male or Female (please circle one)

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Parent agrees that participant may be photographed/videoed by media: Yes : No :

Instrument: _____ Instrument Grade: _____ Class Name: _____

CLASS NUMBER: _____ **IF NON-COMPETITIVE CHECK HERE:** _____

Title of Selection: _____

Key: _____ **BWV/Opus:** _____ **No:** _____ **Mvt(s):** _____

Source: i.e. RCM, 1997, Grade 5; (if not in current RCM syllabus) **Source:** _____

Composer: _____ **Arranger:** _____

(Give First Initial and Surname of Composer)

One Entry Form per piece with the **ONLY** exception of *Concert Group Classes in Strings, Large String Chamber Ensembles* please list pieces on back of Form

TOTAL PERFORMANCE TIME: Minutes _____ **Seconds** _____

ENTRY FEE ENCLOSED: \$

NUMBER OF PERFORMERS IN ENSEMBLES: _____

OTHER CLASSES ENTERED IN THIS FESTIVAL: _____

Please list ALL classes in which this student is involved performing or accompanying in this discipline or in other disciplines in the CLC Music & Dance Festival. (Every effort is made to avoid conflicts.)

TEACHER'S NAME: _____ **Home Phone:** _____

Email Please: _____ **Work Phone:** _____

SIGNATURE OF TEACHER: _____

(Entries will not be accepted without this or a cover letter)

SPECIAL REQUESTS: _____

NO PHOTOCOPIED MUSIC IS ALLOWED
FOR STUDENT, ADJUDICATOR OR ACCOMPANIST

Competitors must provide the Adjudicator with original copies of their music/recitation for all classes and play/sing-offs. Those failing to do so may be disqualified. **ANY USE** of unauthorized photocopies by any participant, including conductor and accompanist(s), is not acceptable and will result in immediate dismissal and disqualification. When both participant and accompanist require music to play, then you must supply 3 originals. See Syllabus, Page 7, Rule #2

*Please mail entries to Chilliwack Lions Club Music & Dance Festival,
C/O 48185 Ryder Lake Road, Chilliwack, B.C. V4Z 1E3*

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Office Use Only: Class # _____
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OFFICIAL ENTRY FORM SMALL ENSEMBLES ONLY (Instrument or Vocal)

CLOSING DATE: Must be received on or before DECEMBER 1st, 2017

FESTIVAL DATES: MARCH 5 to MARCH 15, 2018/ Honours Performance Saturday, April 7, 2018

ENTRY FORMS MAY BE PHOTOCOPIED - 1 FORM PER ENSEMBLE ENTRY

ENSEMBLE'S NAME IF AVAILABLE: _____

PARTICIPANT'S NAME (last, first): _____

Birthdate: _____ Age: (Dec.31, 2017) _____ Male or Female (please circle one)

Instrument: _____ (not required for voice)

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Parent agrees that participant(s) may be photographed/videoed by media: Yes : No :

Other Participants (last, first)

<u>LAST NAME</u>	<u>GIVEN NAME</u>	<u>DATE OF BIRTH (M/D/Y/)</u>	<u>AGE</u> <small>(as of Dec.31/17)</small>	<u>INSTRUMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Music Division: _____ Class Title : _____

Class Number: _____

Non-Competitive: Check here if Non-Competitive Entry •

ENTRY FEE ENCLOSED: \$

Title of Selection: _____

Source: i.e. RCM, 1997, Grade 5; (if not in current RCM syllabus) Source: _____

Composer: _____ **Arranger:** _____

(Give First Initial and Surname of Composer)

(Vocal Ensemble Only) Musical Comedy, Light Opera, Opera, and Oratorio; please list *Title* of main work, from _____

TOTAL PERFORMANCE TIME: Minutes _____ **Seconds** _____

OTHER CLASSES ENTERED IN THIS FESTIVAL AND NAME ACCOMPANIST IF KNOWN:

Please list ALL classes in which this student is involved performing or accompanying in this discipline or in other disciplines in the CLC Music & Dance Festival. (Every effort is made to avoid conflicts.)

TEACHER'S NAME: _____ Home Phone: _____

Email Please: _____ Work Phone: _____

SIGNATURE OF TEACHER: _____

(Entries will not be accepted without this or a cover letter)

SPECIAL REQUESTS: _____

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FOR STUDENT, ADJUDICATOR OR ACCOMPANIST

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