

2017 Sudbury Symphony Orchestra
Young Performers Competition Registration Form

ENTRY CLOSING DATE: POSTMARKED BY **JANUARY 30, 2017**

Competitor First Name:	Competitor Last Name:
Address:	City, Province, Postal Code
Telephone (best number to reach you at during daytime)	Email: *required: all communication will be done via email
Age on January 6 th 2016	Date of Birth
Name of school currently attending	Instrument/Voice Type:
Accompanist Name	Instrumental Level reached (RCM, University, etc.)
Parent or Guardian (if under 18)	Parent or Guardian Phone:

TITLE & COMPOSER	PERFORMANCE LENGTH (20MIN MAX)

METHOD OF PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Interac				
Visa or MasterCard No.	CVC 3 digits on reverse of card	Exp mm/yy	Registration Fee	\$50.00
			Donation Thank you!	\$
Cardholder Name:	Signature		Total	\$

Signature of Competitor (over 18) or Parent/Guardian: _____