

# REGINA MUSICAL CLUB 2019 RECITAL COMPETITION

Single entry  Group Entry  (please designate a contact person)

Name	Birth Date	SK Resident	SK student
_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Name (single entry or contact person for group)			
_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

Accompanist: \_\_\_\_\_

Address: \_\_\_\_\_

Name (single or contact person)

Apt. # Street

City Province Postal Code

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

## ENCLOSURES:

### 1. COMPETITION PROGRAM AND TIMINGS

A printed copy of your competition program is attached yes  no

### 2. REGINA MUSICAL CLUB RECITAL PROGRAM AND TIMINGS

A printed copy of your recital program is attached yes  no

*I have read and accept the conditions and terms in this application and the information I have given is true to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit this form as well as your other documents by April 28, 2019. Email to [reginamusicalclub762@gmail.com](mailto:reginamusicalclub762@gmail.com) and pay online at <http://reginamusicalclub.ca/recital-competition/> OR enclose a cheque or money order for \$50.00, payable to the Regina Musical Club and forward your application to:**

RMC Recital Competition  
c/o Colleen Murphy  
2830 McCallum Avenue  
Regina, SK S4S 0P9

For further information, please contact Colleen Murphy at [colleen.murphy@uregina.ca](mailto:colleen.murphy@uregina.ca)