

REGINA MUSICAL CLUB 2024 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 19, 2024. Email to 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