



**CENTRAL NEWFOUNDLAND KIWANIS MUSIC FESTIVAL P. O.  
BOX 263, GRAND FALLS-WINDSOR, NL A2A 2J7**

**Note:** Only ONE Entry Form per Individual or Group. PLEASE PRINT CLEARLY

|   |                 |
|---|-----------------|
| <b>Name of Performer:</b> _____   |                 |
| <b>Name of Group:</b> _____   |                 |
| Date of Birth: Year: _____ Mo. _____ Day: _____ Male: _____ Female: _____ |                 |
| Address: _____  |                 |
| City: _____   | Province: _____ |
| Postal Code: _____  | Phone No: _____ |
| Email Address: _____  | School: _____   |
| For School Group Day Starts: _____  | Day Ends: _____ |

|                                    |                 |
|------------------------------------|-----------------|
| Teachers Name: _____               |                 |
| Address: _____                     |                 |
| City, Province, Postal Code: _____ |                 |
| Email Address: _____               | Phone No: _____ |

**DUET, TRIO & QUARTET** - Please enter the names of the other members of the ensemble. Enter entries on One Form Only.

|  |       |
|--|-------|
| Additional Performer's Names for Class No: _____ |       |
| #2   | _____ |
| #3   | _____ |
| #4   | _____ |

**SEE OTHER SIDE**



**Include Music Selections for All Classes Below.  
Incomplete Form will not be processed.**

| Class No.                  | Class Name | Music Selections & Composer | Perfor. Time | Fee |
|----------------------------|------------|-----------------------------|--------------|-----|
|                            |            |                             |              |     |
|                            |            |                             |              |     |
|                            |            |                             |              |     |
|                            |            |                             |              |     |
|                            |            |                             |              |     |
|                            |            |                             |              |     |
|                            |            |                             |              |     |
|                            |            |                             |              |     |
|                            |            |                             |              |     |
| <b>TOTAL FEES ENCLOSED</b> |            |                             | \$           |     |

**FOR ALL INSTRUMENTAL CLASSES PLEASE INDICATE WHAT TYPE OF INSTRUMENT YOU WILL BE PLAYING:** \_\_\_\_\_

**Return Completed Form to:**

Mary Keats - Festival Secretary  
 28 Dunn Place  
 Grand Falls-Windsor, NL A2A 2M3  
 Telephone: (709) 489-9751  
 Email: [mary-j-k@hotmail.com](mailto:mary-j-k@hotmail.com)

THE UNDERSIGNED AGREES THAT THE RULES AND REGULATIONS GOVERNING THE FESTIVAL WILL BE COMPILED WITH.

\_\_\_\_\_  
**SIGNATURE - Parent or Teacher**

**Please Note: All Scheduling information will be sent to the music teacher listed above.**