

Do-Re-Mi Showcase Concert Competition

ART APPLICATION FORM



PARTICULARS & CONTACT DETAILS

Name _____ Surname _____

Date of Birth _____ Age * _____

**students must be 15 years or younger by the closing date, 31st December 2023*

Name/Surname of Responsible Adult _____

Relationship to Applicants _____

Contact Number _____

Email Address _____

Does the applicants have any special needs? Circle as appropriate Yes/No

If yes, please specify _____

ARTWORK DETAILS

Artwork Form/Medium Presented _____

Briefly explain the process of creation of the presented artwork

Name of Teacher/Institution (Optional) _____