

Do-Re-Mi Showcase Concert Competition
ENSEMBLE MUSIC APPLICATION FORM



CONTACT DETAILS

Teacher/Adult presenting the Ensemble

Name _____ Surname _____

Relationship to Applicants _____

Contact Number _____

Email Address _____

ENSEMBLE & PARTICIPANTS

Name of Ensemble _____

When was the Ensemble formed? (approximate date/year) _____

Previous Performance Opportunities _____

Details of Students/Participants (continue on separate sheet if necessary)

Name	Surname	DOB	Age*	Instrument

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

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

If yes, please specify _____

MUSIC DETAILS

Details of Piece(s) Performed*

Name of Piece	Composer	Duration

**recordings for Ensemble Music Competition should not exceed 6 minutes*