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



PARTICULARS and CONTACT DETA	AILS	
Name	Surname	
Date of Birth	Age*	
students must be15 years or you	unger by the closing date, 31st December 2	023
Name/Surname of Responsible A	dult	
Relationship to Applicant		
Contact Number		
Email Address		
	ial needs? Circle as appropriate Yes/No	
MUSIC DETAILS		
Instrument	Grade/Level	
Details of Piece(s) Performed*		
Name of Piece	Composer	Duration
Name of Toacher/Institution (Ont	ional\	
	cional)	
впену изс зоние репониансе орг	ortunities which you have participated in	

^{*}recordings for Solo Music Competition should not exceed 4 minutes