



PLEASE PRINT	Surname	Name
	Date of Birth	Age on 15 October 2011
	Grade	School
	Parent / Guardian : Title, Initials, Surname	
	Postal Address	
	Postal Code	ID No
	E-mail	
	Category	Instrument
	Telephone No (Home) ( )	Cell Number

PLEASE PRINT	Name of Music Centre (if applicable)	Audition Centre (indicate your choice of centre with an X)			
		<input type="checkbox"/> Bloemfontein	<input type="checkbox"/> Port Elizabeth	<input type="checkbox"/> Cape Town	
		<input type="checkbox"/> Pretoria	<input type="checkbox"/> Durban		
	<b>Teacher:</b>				
	Title	Name	Surname		
	Postal Address				
	E-mail		<b>Name of Accompanist:</b>		
Cell No		Cell No			

## Programme

PLEASE PRINT	Composer	Title	Style Periods
		Eg: L van Beethoven	Sonata in G (Allegro) Op 5 no 6
<b>ROUND 1</b>			
<b>ROUND 2</b>			
<b>ROUND 3</b>			
<b>CONCERTO</b>			

### APPLICANT'S DECLARATION :

- I declare that the information supplied on this entry form is correct and complete. If I am accepted as a competitor, I undertake to abide by the regulations and conditions for participation, as well as the decision of the adjudication panel.
- I hereby grant permission that all my performances during the competition may be recorded or filmed for possible radio or television broadcasting, or for use as determined by the organisers. I shall not receive any payment for such recordings, broadcasts or viewing.

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Signature

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Date

Post the completed form and entrance fee to: (Cheques made out to Artscape)  
The Secretariat, Artscape National Youth Music Competition, P O Box 4107, Cape Town, 8000  
CONTACT DETAILS: Tel: 021 - 410 9921 • Fax: 021 - 419 8756  
E-mail: youthmusic@artscape.co.za • Website: www.artscape.co.za

