

young musician of mann competition 2017

I am making an application to compete in Young Musician of Mann 2017.
If selected, I understand that I shall receive further information.

APPLICATION FORM

(please use CAPITAL letters)

Name:

Address:

Telephone:

Email:

Date of Birth:

Age on 22nd October 2017:

Instrument:

Name of Music Teacher:

Name of Accompanist:

Proposed First Stage Programme in order: (Please continue on a separate sheet if required)

Composer	Title	Arranger <i>(if applicable)</i>
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Applicant Signature:

Name of Parent/ Guardian:

Signature:

**THE CLOSING DATE FOR ENTRIES IS NO LATER THAN
FRIDAY 6th OCTOBER 2017**

Send this completed application form along with a stamped addressed envelope to:

***Young Musician of Mann Competition 2017, Erin Arts Centre,
Victoria Square, Port Erin, Isle of Man, IM9 6LD***