



SOLO INSTRUMENTS Registration Form

Entries close February 1, 2017

Photocopies are permitted for extra forms. **Please print or write clearly.**

First Name _____ Last Name _____ Age as of Jan 1, 2017 _____

Telephone _____ Email _____ Instrument _____

Teacher's Name _____

School or Studio Name _____

Telephone _____ Email _____

Confirmation notices with the finalized class schedule will be e-mailed to the Teacher. Confirmation notices may also be sent to participants when a **valid and legible** e-mail address is provided with the registration form. You may also enclose a **self-addressed stamped** envelope and the confirmation notice will be mailed to you.

Ensemble Partner(s): Duet and Trio Classes only _____

PLEASE NOTE: THE TITLE OF THE SELECTION(S) IS NOT REQUIRED, HOWEVER, PRECISE TIMING OF PERFORMANCE MUST BE INDICATED.

Class Code	Level (Grade)	Duration	Fees	Class Code	Level (Grade)	Duration	Fees
1.				7.			
2.				8.			
3.				9.			
4.				10.			
5.				11.			
6.				12.			

Total Class Fees _____

Registration Fee (Mandatory, includes one copy of the Festival Programme) **\$18.00**

Gala Concert Tickets: Adults \$25x _____ = _____

Children/Seniors \$20x _____ = _____

Donation to scholarship fund, thank you _____

Total enclosed _____

Please make cheques payable to **North York Music Festival**
and mail to **P.O. Box 47592 946 Lawrence Ave. East Don Mills, ON M3C 3S7**

It is the responsibility of the applicant to enter correct class codes and titles of performance pieces. I have read and agree to comply with Rules and Regulations as set out in NYMF Syllabus 2017.

Signature _____ Date _____

(A parent or teacher for participants under 18 years of age must sign this Registration Form)



ENSEMBLES DIVISION Registration Form

Entries close February 1, 2017

Photocopies are permitted for extra forms. **Please print or write clearly.**

Contact Name _____

School or Studio Name _____

Address _____

Telephone _____ Email _____

Ensemble's Name (as will appear in print, **four or more players only**, for duets & trios use the SOLO form only)

Please provide a valid e-mail address. Confirmation notices will be e-mailed to the Contact Name.

You may also enclose a **self-addressed stamped** envelope and the confirmation notice will be mailed to you.

Class Code	Grade	Title of the Piece	Composer	Duration	Fees

Total Class Fees _____

Registration Fee (Mandatory, includes one copy of the Festival Programme) **\$18.00**

Additional Programmes @ \$5 ea. _____ = _____

Gala Concert Tickets: Adults \$25x _____ = _____

Children/Seniors \$20x _____ = _____

Donation to scholarship fund, thank you _____

Total enclosed _____

Please make cheques payable to **North York Music Festival**

and mail to **P.O. Box 47592 946 Lawrence Ave. East Don Mills, ON M3C 3S7**

It is the responsibility of the contact person to enter correct class codes and titles of performance pieces. I have read and agree to comply with Rules and Regulations as set out in NYMF Syllabus 2017.

Signature of Contact Person _____ Date _____