



ENTRY FORM/WORKSHEET FOR LARGE ENSEMBLES

BANDS, ORCHESTRAS [NOT CHOIRS]

To make on-line registering easier, have teacher/director complete the details below:

KIWANIS MUSIC FESTIVAL 2015

934A Hamlet Rd, Ottawa ON K1G 1R5 (613) 226-7572 Email: festivalcorrections@gmail.com

APPLY ONLINE at our website: okmf.ca

Deadlines: PAPER ENTRY (with admin surcharge): Jan. 10, 2015 ON-LINE ENTRY: Jan. 17, 2015

Please use a SEPARATE form for each large ensemble class

Surname of Contact for notices and schedules (Teacher/Director/Conductor)		First name:	
NAME of School/Ensemble/ Church (if applicable)		No. of Performers:	Level (Jr., Int, Sr., etc. as per Syllabus Class.)
If the SAME teacher/director/conductor is submitting more than one ensemble registration, the following information is needed only once.			
Address:		City:	Postal Code:
Home Phone:	Email:		
Comments/special requests:			

PLEASE CHECK ONE: BRASS BAND BRASS AND REED BAND STAGE BAND
 JAZZ ENSEMBLE TRADITIONAL JAZZ COMBO MODERN JAZZ COMBO
 YOUTH ORCHESTRA ELEMENTARY SCHOOL ORCHESTRA
 SECONDARY SCHOOL ORCHESTRA STRING ORCHESTRA NON COMPETITIVE GROUPS
 MISCELLANEOUS INSTRUMENTAL GROUPS OTHER (Specify _____)

LIST FIRST SELECTION HERE (Supply as much information as possible by entry deadline)

SyllabusClass No:	Class name:	Accurate performance time:	Fee:
For the following, if applicable include Op. No., K, BWV etc. Include movement numbers and names; Include full name of movie or show, if applicable;			
Title of piece:			
Composer:		Arranger/book/ Level/Show (as applicable):	

LIST SECOND SELECTION HERE (Supply as much information as possible by entry deadline)

Class No:	Class name:	Accurate performance time:	Fee:
For the following, if applicable include Op. No., K, BWV etc. Include movement numbers and names; Include full name of movie or show, if applicable;			
Title of piece:			
Composer:		Arranger/book/ Level/Show (if applicable):	

If you wish your school or institution to be invoiced for this class, please supply the following contact information:			Total class fees:
Name of school/organization:			Paper Processing Fee
Name of contact person:			(per registration- \$5 this fee is waived if applying online.)
Street		City:	Total \$ _____
Postal Code:	Phone:	Email (for invoices)	