

YOUNG ARTIST Entry Form
2017 MUSICFEST NORTHWEST - May 14 thru 19
Entry Postmark Deadline March 10, 2017

Entry #	_____
Date Rec'd	_____
Entered By	_____

(for office use only)

PLEASE TYPE OR PRINT CLEARLY

- A **Young Artist Form** must be completed and sent to:
 Musicfest Northwest, Entry Secretary
 1315 N. Napa, #A, Spokane, WA 99202
 Telephone: (509) 327-3455
- Include check or money order made payable to Musicfest Northwest.
- A complete list of rules is printed in the Preliminary Bulletin and on our website: www.musicfestnorthwest.org
- **Entries accepted January 1, 2017 thru March 10, 2017 ONLY**
Programs available for purchase at Festival

Last Name	First Name	Initial	Phone Number (area code)
Mailing Address	Apt Number	Date of Birth	School Grade
City	State or Province	Zip	School Name / District
Parent or Guardian Name	Parent Address (if different)	E-mail Address	

PLEASE NOTE

Complete ALL Boxes

1A, 1B, 1C	↓ Check Division that this class is in:
Class Number	<input type="checkbox"/> Ballet
	<input type="checkbox"/> Brass
	<input type="checkbox"/> Flute
Instrument (e.g. Tuba)	<input type="checkbox"/> Guitar
	<input type="checkbox"/> Organ
	<input type="checkbox"/> Piano
	<input type="checkbox"/> Reed
	<input type="checkbox"/> String
Years of Study	<input type="checkbox"/> Voice


If you are in other Classes, list the classes entered:	
Ballet	_____
Brass	_____
Flute	_____
Guitar	_____
Organ	_____
Piano	_____
Reed	_____
String	_____
Voice	_____

I am accompanying in the following Class Numbers:	
Ballet	_____
Brass	_____
Flute	_____
Guitar	_____
Organ	_____
Piano	_____
Reed	_____
String	_____
Voice	_____

Selection(s) for this Class **NOTE: In order for entry to be processed, performance length must be indicated.**

Class 1A	_____	Selection of <u>your choosing</u>	Composer	Performance Length
Class 1C	_____	Selection for <u>required</u> number	Composer	Performance Length
	_____	Selection for <u>required</u> number (voice students only)	Composer	Performance Length

Class Entry Fee \$60.00

Membership (membership includes 1 program) \$ _____  • Festival membership is encouraged, but not required. If you are making a contribution for membership, **complete the membership information on the back side of this form.**

TOTAL ENCLOSED \$ _____

Teacher Name	Address	City	State	Zip	
Teacher Phone	Teacher E-mail Address				
Accompanist Name	Address	City	State	Zip	Phone

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Festival Membership (Optional)

For NEW and Renewing Members: Please print your name as you wish it to appear in the Program

Phone

Address

City

State or Province

Zip

Membership Categories:

Patron	\$1000 +
Benefactor	\$500 - \$999
Sustainer	\$250 - \$499
Contributor	\$100 - \$249
Festival Friend	\$50 - \$99