

# Music Awards Application Form

|                                      |   |  |
|--------------------------------------|---|--|
| First Name: <input type="text"/>     | Last Name: <input type="text"/>                           | Date of Birth: <input type="text"/>                                    |
| Address: <input type="text"/>        | City: <input type="text"/>                                | Postal Code: <input type="text"/>                                      |
| Phone: <input type="text"/>          | Email Address (personal or parents): <input type="text"/> |  |
| Name of School: <input type="text"/> | Current Grade: <input type="text"/>                       | Homeschooled: <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Music Experience

Please indicate the instrument you will be playing for the judges:

Current Music Teacher Contact Information:

|                                  |                                     |
|----------------------------------|-------------------------------------|
| First Name: <input type="text"/> | Last Name: <input type="text"/>     |
| Phone: <input type="text"/>      | Email address: <input type="text"/> |

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| Have you won a Kingston Symphony Volunteers Music Award in the past?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Please state the name of the award and the year you received it. Please list all previous Kingston Symphony Volunteers Music Awards if you have won more than one.<br><input type="text"/> |
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| Are you a Member of the Kingston Youth Orchestra, Kingston Youth Strings, Kingston A-Strings OR any other youth ensemble?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please specify:<br><input type="text"/><br>How long have you performed with this ensemble? <input type="text"/> years <input type="text"/> months<br>Please state the instrument you play and your position in the ensemble:<br><input type="text"/> |
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## Your Performance Pieces

|                                |   |
|--------------------------------|---|
| Title: <input type="text"/>    |   |
| Composer: <input type="text"/> | Approximate length of performance: <input type="text"/> |

|                                |   |
|--------------------------------|---|
| Title: <input type="text"/>    |   |
| Composer: <input type="text"/> | Approximate length of performance: <input type="text"/> |

|                                |   |
|--------------------------------|---|
| Title: <input type="text"/>    |   |
| Composer: <input type="text"/> | Approximate length of performance: <input type="text"/> |

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| Is there anything you would like to tell us about yourself?<br><input type="text"/> | Date submitted: <input type="text"/> |
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