



## **NORTH OF PERTH MUSIC FESTIVAL - ENTRY FORM**

(Please PRINT clearly)

Office	use only.	
	IISE ONIV:	

Name & Address of Teacher/School:						Phone:			
Name	& Address	for return of Notices:				Phone:			
ΓΕΜ 10. *	NAME OF CONTESTANT OR GROUP		DATE OF SUBURB TITLE OF PIECE/S			COMPOSER APPROX ENTRY TIME FEE (\$)			
0.*	Name	Surname	BIRTH	3020112	If more than one, use a line for each piece	OR AUTHOR	IIME	FEE (\$)	
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1. 2.	For Du	ets and Trios please e	per in Cho	oir or Group name of each	Conductor's Name		<u>AL:</u>		
3.					d in Item in the Schedule.				
4.		Item No." see curren							
5.	Read co	onditions in Schedule	CAREFU	LLY before fill	ing in Entry Form.				

Entry Forms with appropriate fees to be forwarded to: The Secretary, North Of Perth Music Festival, Unit 4, 162 Melville Pde, COMO, WA 6152

Enclose a SUITABLE ADDRESSED STAMPED ENVELOPE for return of the Notices to Contestants.