Assíníboía & Dístríct Musíc	April 22-24, 2018
Festíval 2018	Assiniboia Alliance Church
Competitor Entry Form	Entry Deadline: March 17, 2018

Please complete a separate entry form for each discipline. Make cheques payable to: Assiniboia & District Music Festival. Entries can be dropped off at Shurniak Art Gallery (122 3rd Ave. W.) or mailed to Heather Giraudier Box 2171 Assiniboia, SK SOH 0B0. Phone 306.642.4272. Forms and payment must be in the hands of the Entry Secretary on or before the entry deadline or a \$5.00 late fee will apply for 7 days.

**Forms turned in one week past the deadline will not be accepted. **

Noteworthy Regulations:

- All competitors must provide original scores or authorized copies of their music for the adjudicator. Photocopies will result in disqualification.
- The same own choice may not be used in more than one class.
- Competitors must perform two solo entries in the same discipline in order to qualify for a local scholarship. Note Musical Theatre and Voice are separate classes.
- All competitors of eligible age per SMFA regulations are eligible for scholarships. Please see the
 district program for a complete listing or contact an Executive Member. Scholarships and
 Awards of the Assiniboia and District Music Festival Association will be awarded to participants
 19 years of age and under. Not all scholarships may be awarded. All are awarded at the
 adjudicator's discretion.
- For further regulations please refer to the directory available online at www.smfa.ca

Volunteers Needed:			
	and the work load is great. Ple	ers to help us put on the festival. We ease check off which job(s) you would he festival dates.	
□ Publicity □ Set up (Festival)	☐ Clean up☐ Certificate Writing☐ Committee Member	☐ Coffee Hostess/Clean-up☐ Set up (Stars)☐ Log Croom Social (Stars)	
□ Door	□ Committee Member	□ Ice Cream Social (Stars)	
Competitor's Name:		Date of Birth:	
Phone (home/cell):		Age on Dec. 31, 2017:	
Email (mandatory):		Town:	
Entrant is Aboriginal or a newcomer to	o Canada in the past five years	Yes No	
Teacher's/Director's Name:		Phone: Email:	
Accompanist's Name		Phone:	
		Email:	

appropriate give the nai	me of the show, as well as the composer. Use an a	additional	form if you have more tr	ian three entries.	
Class #	Class Name		Your Accompanist/D	anist/Duet Partner (circle one)	
			Name:		
Title of Selection		Composer		Length of Piece (minutes)	
Class # Class Name	Class Name	-	Your Accompanist/D	Duet Partner (circle one)	
		Name:			
Title of Selection		Composer		Length of Piece	
				(minutes)	
Class # Class Name			Your Accompanist/Duet Partner (circle one		
		-	Name:	1	
Title of Sel	ection	Com	poser	Length of Piece	
				(minutes)	
Musical Th	neatre Synopsis:				
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Musical Th	neatre Synopsis:				
		this	Fees Enclosed:		
I, the unde	ersigned, certify that all conditions governing to be complied with, and that I have not perform		Fees Enclosed: Solo Entries:	x \$15 =	
I, the unde	ersigned, certify that all conditions governing	ned my		x \$15 = x \$15=	
I, the unde	ersigned, certify that all conditions governing be complied with, and that I have not perform	ned my	Solo Entries:	x \$15= x \$30=	