2019 REGISTRATION FORM

UNIONVILLE MUSIC ACADEMY COMPETITION (UMAC)

www.unionvillemusic.org **tel: 905.761.6818**

DECEMBER 17 - 21. 2019 (subject to change) **closing date is: OCTOBER 15. 2019**

Please print all information clearly in **BLOCK LETTERS**. Use a separate **FORM** for each competitor/ instrument/ voice
It is your responsibility to ensure that all information is correct. **Please, read the rules and regulations thoroughly before signing**

Name of Entrant: _____
First Last Age (On December1.2019)

Address: _____
Street # Street Name Apt/Unit# City

e-mail address: _____ phone: _____

Instrument/ Voice and **RCM GRADE** (**not the school grade please**) _____

Teacher's Name: _____ phone: _____

Teacher's Address: _____
Street # Street Name Apt/Unit# City

Teacher's e-mail address: **(please note, all schedules as well as all important info will be sent to your teacher's e- mail only!)**

_____

* If you wish to receive your performance schedule, please send us **self- addressed stamped envelope**

Piano Accompanist: _____
Name phone

Duet/Ensemble Partner(s): _____

Class #	Full Title of Piece (Exactly as in RCM Syllabus)	Composer	Duration (min)	Fee ($)

1 Method of Payment: E- transfer online to: umacademycompetition@gmail.com
by OCTOBER 15. 2019 before submitting this **FORM** with
YOUR CHID/STUDENT's NAME IN A MESSAGE SECTION

Total Fee $ _____
Registration Fee $27
Advanced Gala ticket $23

2 Method of Payment: hand delivery to the office **by OCTOBER 15. 2019**
74 STARWOOD RD THORNHILL

Total Fee Enclosed $ _____

I hereby apply to take part in the **Unionville Music Academy Competition** and agree to abide by the **RULES and REGULATIONS** laid down in the **2019 SYLLABUS.** I understand that my name as well as my musical performance may be recorded and used for these purposes: publication on the website, promotions and press. I consent to the use of my personal information for these purposes. I understand that all other information will be kept private and confidential.

Signature (entrant/parent/teacher/guardian) _____ **Date** _____ **2019**