

Duets/Trios/Quartets Entry Form (continued)

Teacher/Conductor Name: _____
First Name Last Name

Ensemble Name: _____

Please provide complete information for all ensemble members. Only one entry fee is required per group. A separate entry form is required for each ensemble. Complete ALL sections to avoid additional processing fees. Please PRINT!

Name: _____ First Name Last Name	Date of Birth: _____ MM/DD/YY
Mailing Address: _____ Street City Province Postal Code	
Name: _____ First Name Last Name	Date of Birth: _____ MM/DD/YY
Mailing Address: _____ Street City Province Postal Code	
Name: _____ First Name Last Name	Date of Birth: _____ MM/DD/YY
Mailing Address: _____ Street City Province Postal Code	
Name: _____ First Name Last Name	Date of Birth: _____ MM/DD/YY
Mailing Address: _____ Street City Province Postal Code	

Please forward all entries to: **Nova Scotia Kiwanis Music Festival**
5657 Spring Garden Road - Box 107
Halifax, Nova Scotia B3J 3R4
902-423-6147