

Archipel Music Competition 2022



Registration form

Date: _____

Surname: _____

A (pass) photo of the participant must accompany this form!

First name: _____

Date of birth: _____

Send a pdf-file of the sheet music in a separate attachment in the email (one file per musical work)

Address: _____

City: _____ Postcode: _____

Phone number: _____

Mobile number: _____

E-mail address: _____

Do you play a musical instrument? Yes/No

Name of music school / singing institute: _____

What type of voice (vocals) do you have: _____

Name of teacher: _____

Which instrument do you play: _____

How long do you have lessons: _____

Do you have diplomas: _____

Please specify: _____

Which piece (s) of music do you want to play? **Minimum 5 and maximum 10 minutes!**
Please state name of musical piece and composer / arranger.

Are you being accompanied? Yes/No

If yes, by whom: _____

On which instrument: _____

How will you perform?

As a soloist / duo / trio / quartet / quintet (max.)?

Strike out what does not apply.

What are the ages of the other participants?: _____

Please send this form, the participant's photo and the sheet music (pdf)

files by email to ellen.van.laarhoven@archipelzorggroep.nl

or to Archipel Zorggroep attn: Ellen van Laarhoven, Antwoordnummer 10647, 5600 WB Eindhoven

This form must be signed by one of the parents / guardians or guardian

Signature of participant: _____

Signature of parent: _____