Archipel Music Competition 2024

**Registration form** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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 [monique.van.vlerken@archipelzorggroep.nl](mailto:monique.van.vlerken@archipelzorggroep.nl)

or to Archipel Zorggroep attn: Monique van Vlerken, Antwoordnummer 10647, 5600 WB Eindhoven

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

Signature of participant: \_\_\_\_\_\_\_\_\_\_\_ Signature of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By placing a signature, the participant / parent / guardian agrees to the regulations of the Archipel Music Competition. The regulations can be found on [www.archipelzorggroep.nl/muziekconcours](http://www.archipelzorggroep.nl/muziekconcours)