



AUCKLAND MUSICAL FESTIVAL

Competition Entry Form

COMPETITOR'S DETAILS

First Name

Last Name

Date of Birth

Age @ 1st Jul 2015

Email **Please confirm your email address as your invoice will be sent there.*

Home

Mobile

Postal Address

TEACHER'S DETAILS - Please tick the one applies to you

I have a Teacher

I am self-taught

Teacher's Name

Phone

Email

Class No.	Class Description	Own Collection title and composer to be entered		Entry Fee
Class No.	Piano Duet	Title and Composer	Partner's Name	Entry Fee
6				
6				
Date of Your Payment			Total (GST Inclusive)	

Teacher please check and sign the form.

I agree to be bound by the rules of APMA. I give permission for any official photographs to be used for publicity.

Signature

Teacher sign your name here

Fees should be paid directly to BNZ Account by Online Transfer or direct deposit:

Account Name: APMA | Account Number: 02-0256-0076770-000

Please send the completed form to enrollment@apma.org.nz