



Parent/carer

Date:		

## Florence Concours Mini 2017 registration form

Surname			
First name			
Initials			
Date of birth			
House number and street			
Town/city			Postal code
Home telephone number			
Mobile phone number			
E-mail address			
Do you play a musical instrument?		Yes	Name of teacher
		No	
What instrument	do you play and he	ow many years have you been	taking lessons?
\\/:!! h			
Will you be accompanied?		Yes	Who is your accompanist? N/A
		∟ No	Name:
Which piece(s) o	f music would you	like to play? Maximum	Accompanist's instrument:
duration is 5 minutes			
Soloist		Trio	
Duet		Other	Ages
The form and the	he piece(s) of mu	of the parents, carers or guarusic, should be sent by 15 Cence Concours, PO Box 100	
	form, the parent/ca found at <u>www.flore</u>	arer agrees to the rules of the ence.nl	Florence Concours Mini.