



Date:		

Florence Concours Junior 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 mu	usical instrument?	Yes	Name of teacher	
		No		
What instrument	do you play and he	ow many years have you been	taking lessons?	
Will you be accompanied?		Yes	Who is your accompanist? N/A	
		No	Name:	
What piece(s) of music would you like to sing or play?			Accompanist's instrument:	
Maximum duratio	on is 10 minutes			
Soloist		Trio		
Duet		Other	Ages	
	•	of the parents, carers or guarusic, should be sent by 15 O		
concours@ flore	ence.nl or to Flore	ence Concours, PO Box 100!	5, 2280 CA Rijswijk, Netherlands	
	form, the participar can be found at w		he rules of the Florence Concours	
Participant				
Parent/carer				