



PIANO TEACHERS' GUILD OF THE PHILIPPINES, FOUNDATION INC.

FESTIVAL 2019: THE MUSIC OF DR. LUCRECIA KASILAG

R2-01: SOLO WORKS FORM

STUDENT'S DATA (PLEASE FILL OUT EVERYTHING IN PRINT)

LAST NAME		FIRST NAME	MI
AGE	BIRTHDAY (DD / MMM / YYYY, e.g. 01 JAN 2017)		CONTACT NUMBER/S
ADDRESS			
EMAIL ADDRESS			

PIANO TEACHER'S DATA

CURRENT PIANO TEACHER	STUDIO (if applicable)		
EMAIL ADDRESS	CONTACT NUMBER/S		

REPERTOIRE LIST

Guidelines:

- Indicate the full title of the piece with the following information
 - Title
 - Catalog number (i.e. Opus number, BWV, K., L, BuxWV, Hob.XVI:..., etc)
 - Key
 - For multi-movement works (i.e. Sonatas, Suites), indicate which movement/s will be played
- Indicate the arranger, if applicable
- Time your performance. Performance limit is FIVE (5) minutes

COMPOSER/ARRANGER	FULL TITLE	DURATION

PREFERRED PERFORMANCE SLOT

FIRST CHOICE

3 FEBRUARY 2019

8 AM 10 AM 1 PM 3 PM

10 FEBRUARY 2019

8 AM 10 AM 1 PM 3 PM

SECOND CHOICE

3 FEBRUARY 2019

8 AM 10 AM 1 PM 3 PM

10 FEBRUARY 2019

8 AM 10 AM 1 PM 3 PM

We understand that the Festival Committee shall try to accommodate us to our desired choice of schedule. We also understand that our desired choice of schedule does not guarantee that these will be granted by the Festival Committee; taking other equally important factors have to be considered in scheduling these performances.

Signature of Participant

Signature of Piano Teacher

Signature over Printed Name of Parent/Guardian
(if participant is a minor)

DO NOT FILL BEYOND THIS POINT (FOR AUDITION PANEL AND FESTIVAL COMMITTEE ONLY)

COMMENTS AND SUGGESTIONS

--

Signature of Audition Panel

Audition fee in the amount of PHP _____ Received by _____
OR # _____ Trans Ref. _____ OR # _____